



Please type a plus sign (+) inside this box → +

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	IN01159K1
First Named Inventor	SAKSENA, et al
COMPLETE IF KNOWN	
Application Number	/
Filing Date	January 18, 2002
Group Art Unit	To Be Assigned
Examiner Name	To Be Assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NOVEL PEPTIDES AS NS3-SERINE PROTEASE INHIBITORS
OF HEPATITIS C VIRUS

the specification of which
 is attached hereto
 OR
 was filed on (MM/DD/YYYY) 1/18/02 as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/220,108	7/21/00	<input type="checkbox"/>

[Page 1 of 2]

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

Typed or printed name		Date
Signature		

Express Mail Label No.

Date

O I P E
MAY 20 2002
Please type a plus sign (+) inside this box → +
+
U.S. PATENT & TRADEMARK OFFICE

**COPY OF PAPERS
ORIGINALLY FILED**

Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains
valid OMB control number.

PTO/SB/01 (12-97)

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number

09/908,955

**Parent Filing Date
(MM/DD/YYYY)**

7/19/01

**Parent Patent Number
(if applicable)**

<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.		As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:	
<input checked="" type="checkbox"/> Customer Number 24265		<input type="checkbox"/> Registered practitioner(s) name/registration number listed below	
<input type="checkbox"/> OR		Place Customer Number Bar Code Label here	
Name	Registration Number	Name	Registration Number

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.
Direct all correspondence to: Customer Number or Bar Code Label 24265 OR Correspondence address below

Name PALAIYUR S. KALYANARAMAN Reg. No. 34634

Address
Address
City
Country

State (908) 298-5068 ZIP Fax (908) 298-5388

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

A petition has been filed for this unsigned inventor

Given Name (first and middle if any)

Family Name or Surname

SAKSENA

Date

Citizenship USA

ANIL K.

Inventor's Signature

Residence: City

UPPER MONTCLAIR State NJ Country USA

Post Office Address

53 BEVERLY ROAD

Post Office Address

City

UPPER MONTCLAIR State NJ

ZIP 07043

Country USA

Additional inventors are being named on the 8 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

O
MAY 20 2002

COPY OF PAPERS
ORIGINALLY FILED

PTO/SB/02A (3-97)

Please type a plus sign (+) inside this box → +

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a

valid OMB control number.

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>10</u>	
-------------	--	--	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
VIYYOOR MOOPIL		GRIJAVALLABHAN						
Inventor's Signature							Date	
Residence: City	PARSIPPANY	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	10 MAPLEWOOD DRIVE							
Post Office Address								
City	PARSIPPANY	State	NJ	ZIP	07054	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
RAYMOND G.		LOVEY						
Inventor's Signature							Date	
Residence: City	WEST CALDWELL	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	65 WOODSIDE AVENUE							
Post Office Address								
City	WEST CALDWELL	State	NJ	ZIP	07006	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
EDWIN		JAO						
Inventor's Signature							Date	
Residence: City	WARREN	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	20 CROSSWOOD WAY							
Post Office Address								
City	WARREN	State	NJ	ZIP	07059	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

+

+
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**
Page 2 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])		Family Name or Surname							
FRANK		BENNETT							
Inventor's Signature							Date		
Residence: City	PISCATAWAY	State	NJ	Country	USA	Citizenship	SCOTLAND		
Post Office Address	419 DRACO ROAD								
Post Office Address									
City	PISCATAWAY	State	NJ	ZIP	08854	Country	USA		
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])		Family Name or Surname							
JINPING L.		MC CORMICK							
Inventor's Signature							Date		
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	USA		
Post Office Address	5 PACE DRIVE								
Post Office Address									
City	EDISON	State	NJ	ZIP	08820	Country	USA		
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])		Family Name or Surname							
HAIYAN		WANG							
Inventor's Signature							Date		
Residence: City	CRANBURY	State	NJ	Country	USA	Citizenship	CHINA		
Post Office Address	5 CUBBERLY COURT								
Post Office Address									
City	CRANBURY	State	NJ	ZIP	08512	Country	USA		

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.**DECLARATION****ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 10**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
RUSSELL E.		PIKE					
Inventor's Signature						Date	
Residence: City	STANHOPE	State	NJ	Country	USA	Citizenship	USA
Post Office Address	RD #1, 31 FLORENCE STREET						
Post Office Address							
City	STANHOPE	State	NJ	ZIP	07874	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
STEPHANE L.		BOGEN					
Inventor's Signature						Date	
Residence: City	SOMERSET	State	NJ	Country	USA	Citizenship	FRANCE
Post Office Address	13 DAHLIA ROAD						
Post Office Address							
City	SOMERSET	State	NJ	ZIP	08873	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
TIN-YAU		CHAN					
Inventor's Signature						Date	
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	HONG KONG
Post Office Address	26 BARLOW ROAD						
Post Office Address							
City	EDISON	State	NJ	ZIP	08817	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

+

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 4 of 10**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
YI-TSUNG		LIU						
Inventor's Signature							Date	
Residence: City	MORRIS TOWNSHIP	State	NJ	Country	USA	Citizenship	U.S.A.	
Post Office Address	34 ALEXANDRIA ROAD							
Post Office Address								
City	MORRIS TOWNSHIP	State	NJ	ZIP	07960	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
ZHAONING		ZHU						
Inventor's Signature							Date	
Residence: City	EAST WINDSOR	State	NJ	Country	USA	Citizenship	CHINA	
Post Office Address	34 STONEHEDGE DRIVE							
Post Office Address								
City	EAST WINDSOR	State	NJ	ZIP	08520	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
F. GEORGE		NJOROGE						
Inventor's Signature							Date	
Residence: City	WARREN	State	NJ	Country	USA	Citizenship	KENYA	
Post Office Address	11 SOFTWOOD WAY							
Post Office Address								
City	WARREN	State	NJ	ZIP	07059	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

+

Please type a plus sign (+) inside this box →

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet
		Page <u>5</u> of <u>10</u>

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
ASHOK		ARASAPPAN						
Inventor's Signature							Date	
Residence: City	BRIDGEWATER	State	NJ	Country	USA	Citizenship	INDIA	
Post Office Address	18LARSEN COURT							
Post Office Address								
City	BRIDGEWATER	State	NJ	ZIP	08807	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
TEJAL		PAREKH						
Inventor's Signature	<i>Sparend</i>						Date	11/31/02
Residence: City	MOUNTAIN VIEW	State	CA	Country	USA	Citizenship	INDIA	
Post Office Address	1885 EDNAMARY WAY, UNIT C							
Post Office Address								
City	MOUNTAIN VIEW	State	CA	ZIP	94040	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
ASHIT K.		GANGULY						
Inventor's Signature							Date	
Residence: City	UPPER MONTCLAIR	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	96 COOPER AVENUE							
Post Office Address								
City	UPPER MONTCLAIR	State	NJ	ZIP	07043	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.**DECLARATION****ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 6 of 10**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
KEVIN X.		CHEN						
Inventor's Signature							Date	
Residence: City	ISELIN	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	44 GILL LANE, APT. 1D							
Post Office Address								
City	ISELIN	State	NJ	ZIP	08830	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
SRIKANTH		VENKATRAMAN						
Inventor's Signature							Date	
Residence: City	WOODBRIDGE	State	NJ	Country	USA	Citizenship	INDIA	
Post Office Address	35 ROANOKE STREET							
Post Office Address								
City	WOODBRIDGE	State	NJ	ZIP	07095	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
HENRY A.		VACCARO						
Inventor's Signature							Date	
Residence: City	SOUTH PLAINFIELD	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	123 SOMERSET AVENUE							
Post Office Address								
City	SOUTH PLAINFIELD	State	NJ	ZIP	07080	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>7</u> of <u>10</u>			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
PATRICK A.				PINTO			
Inventor's Signature					Date		
Residence: City	MORRIS PLAINS	State	NJ	Country	USA	Citizenship	USA
Post Office Address	34 BATTLE RIDGE ROAD						
Post Office Address							
City	MORRIS PLAINS	State	NJ	ZIP	07950	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
BAMA				SANTHANAM			
Inventor's Signature					Date		
Residence: City	BRIDGEWATER	State	NJ	Country	USA	Citizenship	INDIA
Post Office Address	10 SOMERSET AVENUE						
Post Office Address							
City	BRIDGEWATER	State	NJ	ZIP	08807	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
SCOTT JEFFREY				KEMP			
Inventor's Signature					Date		
Residence: City	SAN DIEGO	State	CA	Country	USA	Citizenship	USA
Post Office Address	7873 AVENIDA NAVIDAD #263						
Post Office Address							
City	SAN DIEGO	State	CA	ZIP	92130	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →
DECLARATION ADDITIONAL INVENTOR(S)
 Supplemental Sheet
 Page 8 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
ODILE ESTHER		LEVY						
Inventor's Signature							Date	
Residence: City	SAN DIEGO	State	CA	Country	USA	Citizenship	USA	
Post Office Address	5304 RUETTE DE MER							
Post Office Address								
City	SAN DIEGO	State	NJ	ZIP	92130	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
MARGUERITA		LIM-WILBY						
Inventor's Signature							Date	
Residence: City	LA JOLLA	State	CA	Country	USA	Citizenship	MALAYSIA	
Post Office Address	6333 CASTENJON DRIVE							
Post Office Address								
City	SANTA FE	State	NM	ZIP	92037	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
SUSAN Y.		TAMURA						
Inventor's Signature							Date	
Residence: City	SAN DIEGO	State	CA	Country	USA	Citizenship	USA	
Post Office Address	9166 BEDEL COURT							
Post Office Address								
City	SAN DIEGO	State	CA	ZIP	92129	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>9</u> of <u>10</u>				
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
WANLI				WU				
Inventor's Signature							Date	
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	CHINA	
Post Office Address	30 SHEPPARD PLACE							
Post Office Address								
City	EDISON	State	NJ	ZIP	08817	Country	USA	
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname				
SISKA				HENDRATA				
Inventor's Signature							Date	
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	CHINA	
Post Office Address	25 CINDER ROAD, APT. 2F							
Post Office Address								
City	EDISON	State	NJ	ZIP	08820	Country	USA	
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname				
YUHUA				HUANG				
Inventor's Signature							Date	
Residence: City	SCOTCH PLAINS	State	NJ	Country	USA	Citizenship	CHINA	
Post Office Address	61 SPRUCE MILL LANE							
Post Office Address								
City	SCOTCH PLAINS	State	NJ	ZIP	07076	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 10 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
JESSE K.		WONG	
Inventor's Signature	Date		
Residence: City MONROE TOWNSHIP	State NJ	Country U.S.A.	Citizenship U.S.A.
Mailing Address 2 HAMPSHIRE PLACE			
Mailing Address			
City MONROE TOWNSHIP	State NJ	ZIP 08831	Country U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
LATHA G.		NAIR	
Inventor's Signature	Date		
Residence: City SCOTCH PLAINS	State NJ	Country U.S.A.	Citizenship INDIA
Mailing Address 225 COUNTRYCLUB LANE			
Mailing Address			
City SCOTCH PLAINS	State NJ	ZIP 07076	Country U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature	Date		
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box →

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration Submitted with Initial Filing Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	IN01159K1
First Named Inventor	SAKSENA, et al
COMPLETE IF KNOWN	
Application Number	/
Filing Date	January 18, 2002
Group Art Unit	To Be Assigned
Examiner Name	To Be Assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NOVEL PEPTIDES AS NS3-SERINE PROTEASE INHIBITORS
OF HEPATITIS C VIRUS

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(e) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/220,108	7/21/00	<input type="checkbox"/>

[Page 1 of 2]

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

Typed or printed name

Signature

Date

Express Mail Label No.

Date

Please type a plus sign (+) inside this box →

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)					
09/908,955	7/19/01						
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.							
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input checked="" type="checkbox"/> Customer Number 24265 → <input type="checkbox"/> Place Customer Number Bar Code Label here <input type="checkbox"/> Registered practitioner(s) name/registration number listed below							
Name	Registration Number	Name	Registration Number				
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.							
Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number 24265 OR <input type="checkbox"/> Correspondence address below							
Name	PALAIYUR S. KALYANARAMAN Reg. No. 34634						
Address							
Address							
City	State	ZIP					
Country	Telephone	(908) 298-5068	Fax	(908) 298-5388			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
ANIL K.		SAKSENA					
Inventor's Signature				Date			
Residence: City	UPPER MONTCLAIR	State	NJ	Country	USA	Citizenship	USA
Post Office Address	53 BEVERLY ROAD						
Post Office Address							
City	UPPER MONTCLAIR	State	NJ	ZIP	07043	Country	USA
<input checked="" type="checkbox"/> Additional inventors are being named on the 8 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto							



**COPY OF PAPERS
ORIGINALLY FILED**

PTO/SB/02A (3-97)

Please type a plus sign (+) inside this box → +

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>10</u>			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
VIYYOOR MOOPIL				GIRIJAVALLABHAN			
Inventor's Signature							Date
Residence: City	PARSIPPANY	State	NJ	Country	USA	Citizenship	USA
Post Office Address	10 MAPLEWOOD DRIVE						
Post Office Address							
City	PARSIPPANY	State	NJ	ZIP	07054	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
RAYMOND G.				LOVEY			
Inventor's Signature							Date
Residence: City	WEST CALDWELL	State	NJ	Country	USA	Citizenship	USA
Post Office Address	65 WOODSIDE AVENUE						
Post Office Address							
City	WEST CALDWELL	State	NJ	ZIP	07006	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
EDWIN				JAO			
Inventor's Signature							Date
Residence: City	WARREN	State	NJ	Country	USA	Citizenship	USA
Post Office Address	20 CROSSWOOD WAY						
Post Office Address							
City	WARREN	State	NJ	ZIP	07059	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

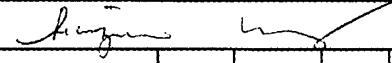
PTO/SB/02A (3-97)

Approved for use through 9/30/99. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>10</u>	
--------------------	--	--	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
FRANK		BENNETT						
Inventor's Signature							Date	
Residence: City	PISCATAWAY	State	NJ	Country	USA	Citizenship	SCOTLAND	
Post Office Address	419 DRACO ROAD							
Post Office Address								
City	PISCATAWAY	State	NJ	ZIP	08854	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
JINPING L.		MC CORMICK						
Inventor's Signature							Date	
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	5 PACE DRIVE							
Post Office Address								
City	EDISON	State	NJ	ZIP	08820	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
HAIYAN		WANG						
Inventor's Signature							Date	02-11-02
Residence: City	CRANBURY	State	NJ	Country	USA	Citizenship	CHINA	
Post Office Address	5 CUBBERLY COURT							
Post Office Address								
City	CRANBURY	State	NJ	ZIP	08512	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 3 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
RUSSELL E.		PIKE						
Inventor's Signature							Date	
Residence: City	STANHOPE	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	RD #1, 31 FLORENCE STREET							
Post Office Address								
City	STANHOPE	State	NJ	ZIP	07874	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
STEPHANE L.		BOGEN						
Inventor's Signature							Date	
Residence: City	SOMERSET	State	NJ	Country	USA	Citizenship	FRANCE	
Post Office Address	13 DAHLIA ROAD							
Post Office Address								
City	SOMERSET	State	NJ	ZIP	08873	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
TIN-YAU		CHAN						
Inventor's Signature							Date	
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	HONG KONG	
Post Office Address	26 BARLOW ROAD							
Post Office Address								
City	EDISON	State	NJ	ZIP	08817	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.**DECLARATION****ADDITIONAL INVENTOR(S)
Supplemental Sheet**
Page 4 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
YI-TSUNG		LIU						
Inventor's Signature							Date	
Residence: City	MORRIS TOWNSHIP	State	NJ	Country	USA	Citizenship	U.S.A.	
Post Office Address	34 ALEXANDRIA ROAD							
Post Office Address								
City	MORRIS TOWNSHIP	State	NJ	ZIP	07960	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
ZHAONING		ZHU						
Inventor's Signature							Date	
Residence: City	EAST WINDSOR	State	NJ	Country	USA	Citizenship	CHINA	
Post Office Address	34 STONEHEDGE DRIVE							
Post Office Address								
City	EAST WINDSOR	State	NJ	ZIP	08520	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
F. GEORGE		NJOROGE						
Inventor's Signature							Date	
Residence: City	WARREN	State	NJ	Country	USA	Citizenship	KENYA	
Post Office Address	11 SOFTWOOD WAY							
Post Office Address								
City	WARREN	State	NJ	ZIP	07059	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.**DECLARATION****ADDITIONAL INVENTOR(S)
Supplemental Sheet**
Page 5 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
ASHOK		ARASAPPAN						
Inventor's Signature							Date	
Residence: City	BRIDGEWATER	State	NJ	Country	USA	Citizenship	INDIA	
Post Office Address	18LARSEN COURT							
Post Office Address								
City	BRIDGEWATER	State	NJ	ZIP	08807	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
TEJAL		PAREKH						
Inventor's Signature							Date	
Residence: City	MOUNTAIN VIEW	State	CA	Country	USA	Citizenship	INDIA	
Post Office Address	1885 EDNAMARY WAY, UNIT C							
Post Office Address								
City	MOUNTAIN VIEW	State	CA	ZIP	94040	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
ASHIT K.		GANGULY						
Inventor's Signature							Date	
Residence: City	UPPER MONTCLAIR	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	96 COOPER AVENUE							
Post Office Address								
City	UPPER MONTCLAIR	State	NJ	ZIP	07043	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Please type a plus sign (+) inside this box →

DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**Page 6 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
KEVIN X.		CHEN					
Inventor's Signature							Date
Residence: City	ISELIN	State	NJ	Country	USA	Citizenship	USA
Post Office Address	44 GILL LANE, APT. 1D						
Post Office Address							
City	ISELIN	State	NJ	ZIP	08830	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
SRIKANTH		VENKATRAMAN					
Inventor's Signature							Date
Residence: City	WOODBRIDGE	State	NJ	Country	USA	Citizenship	INDIA
Post Office Address	35 ROANOKE STREET						
Post Office Address							
City	WOODBRIDGE	State	NJ	ZIP	07095	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
HENRY A.		VACCARO					
Inventor's Signature							Date
Residence: City	SOUTH PLAINFIELD	State	NJ	Country	USA	Citizenship	USA
Post Office Address	123 SOMERSET AVENUE						
Post Office Address							
City	SOUTH PLAINFIELD	State	NJ	ZIP	07080	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>7</u> of <u>10</u>
--------------------	--	---

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
PATRICK A.		PINTO				
Inventor's Signature						Date
Residence: City	MORRIS PLAINS	State	NJ	Country	USA	Citizenship
Post Office Address	34 BATTLE RIDGE ROAD					
Post Office Address						
City	MORRIS PLAINS	State	NJ	ZIP	07950	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
BAMA		SANTHANAM				
Inventor's Signature						Date
Residence: City	BRIDGEWATER	State	NJ	Country	USA	Citizenship
Post Office Address	10 SOMERSET AVENUE					
Post Office Address						
City	BRIDGEWATER	State	NJ	ZIP	08807	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
SCOTT JEFFREY		KEMP				
Inventor's Signature						Date USA
Residence: City	SAN DIEGO	State	CA	Country	USA	
Post Office Address	7873 AVENIDA NAVIDAD #263					
Post Office Address						
City	SAN DIEGO	State	CA	ZIP	921	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending on the complexity of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THE PATENT AND TRADEMARK OFFICE, WASHINGTON, DC 20231.

of the individual case
Officer, Patent and Trademark
Assistant Commissioner for
Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>8</u> of <u>10</u>			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
ODILE ESTHER				LEVY			
Inventor's Signature					Date		
Residence: City	SAN DIEGO	State	CA	Country	USA	Citizenship	USA
Post Office Address	5304 RUETTE DE MER						
Post Office Address							
City	SAN DIEGO	State	NJ	ZIP	92130	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
MARGUERITA				LIM-WILBY			
Inventor's Signature					Date		
Residence: City	LA JOLLA	State	CA	Country	USA	Citizenship	MALAYSIA
Post Office Address	6333 CASTENJON DRIVE						
Post Office Address							
City	SANTA FE	State	NM	ZIP	92037	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
SUSAN Y.				TAMURA			
Inventor's Signature					Date		
Residence: City	SAN DIEGO	State	CA	Country	USA	Citizenship	USA
Post Office Address	9166 BEDEL COURT						
Post Office Address							
City	SAN DIEGO	State	CA	ZIP	92129	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 10 of 10

Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname	
JESSE K.		WONG	
Inventor's Signature	Date		
Residence: City MONROE TOWNSHIP	State NJ	Country U.S.A.	Citizenship U.S.A.
Mailing Address 2 HAMPSHIRE PLACE			
Mailing Address			
City MONROE TOWNSHIP	State NJ	ZIP 08831	Country U.S.A.
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname	
LATHA G.		NAIR	
Inventor's Signature	Date		
Residence: City SCOTCH PLAINS	State NJ	Country U.S.A.	Citizenship INDIA
Mailing Address 225 COUNTRYCLUB LANE			
Mailing Address			
City SCOTCH PLAINS	State NJ	ZIP 07076	Country U.S.A.
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature	Date		
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box →

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	IN01159K1
First Named Inventor	SAKSENA, et al
COMPLETE IF KNOWN	
Application Number	/
Filing Date	January 18, 2002
Group Art Unit	To Be Assigned
Examiner Name	To Be Assigned

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**NOVEL PEPTIDES AS NS3-SERINE PROTEASE INHIBITORS
OF HEPATITIS C VIRUS**

the specification of which
 is attached hereto (Title of the Invention)
 OR
 was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/220,108	7/21/00	

[Page 1 of 2]

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

Typed or printed name

Signature

Date

Express Mail Label No.

Date

Please type a plus sign (+) inside this box →

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.**DECLARATION — Utility or Design Patent Application**

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
09/908,955	7/19/01	

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number 24265 → Place Customer Number Bar Code Label here
OR
 Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: Customer Number or Bar Code Label 24265 OR Correspondence address below

Name	PALAIYUR S. KALYANARAMAN Reg. No. 34634			
Address				
Address				
City	State	ZIP		
Country	Telephone	(908) 298-5068	Fax	(908) 298-5388

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: A petition has been filed for this unsigned inventor

Given Name (first and middle if any)		Family Name or Surname		
ANIL K.		SAKSENA		

Inventor's Signature	<i>Anil K. S.</i>					Date	2/7/02
----------------------	-------------------	--	--	--	--	------	--------

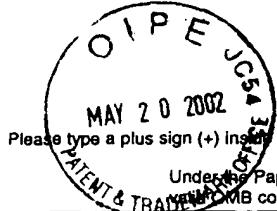
Residence: City	UPPER MONTCLAIR	State	NJ	Country	USA	Citizenship	USA
-----------------	-----------------	-------	----	---------	-----	-------------	-----

Post Office Address 53 BEVERLY ROAD

Post Office Address							
City	UPPER MONTCLAIR	State	NJ	ZIP	07043	Country	USA

Additional inventors are being named on the 8 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

**COPY OF PAPERS
ORIGINALLY FILED**



Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a
OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 10

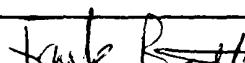
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
VIYYOOR MOOPIL		GIRIJAVALLABHAN						
Inventor's Signature	<i>Girijavallabhan</i>						Date	2/7/02
Residence: City	PARSIPPANY	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	10 MAPLEWOOD DRIVE							
Post Office Address								
City	PARSIPPANY	State	NJ	ZIP	07054	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
RAYMOND G.		LOVEY						
Inventor's Signature	<i>Raymond G. Lovey</i>						Date	2/7/02
Residence: City	WEST CALDWELL	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	65 WOODSIDE AVENUE							
Post Office Address								
City	WEST CALDWELL	State	NJ	ZIP	07006	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
EDWIN		JAO						
Inventor's Signature	<i>Edwin</i>						Date	2/7/02
Residence: City	WARREN	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	20 CROSSWOOD WAY							
Post Office Address								
City	WARREN	State	NJ	ZIP	07059	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>10</u>				
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
FRANK				BENNETT				
Inventor's Signature					Date	2/7/02		
Residence: City	PISCATAWAY	State	NJ	Country	USA	Citizenship	SCOTLAND	
Post Office Address	419 DRACO ROAD							
Post Office Address								
City	PISCATAWAY	State	NJ	ZIP	08854	Country	USA	
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname				
JINPING L.				MC CORMICK				
Inventor's Signature					Date			
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	5 PACE DRIVE							
Post Office Address								
City	EDISON	State	NJ	ZIP	08820	Country	USA	
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname				
HAIYAN				WANG				
Inventor's Signature					Date			
Residence: City	CRANBURY	State	NJ	Country	USA	Citizenship	CHINA	
Post Office Address	5 CUBBERLY COURT							
Post Office Address								
City	CRANBURY	State	NJ	ZIP	08512	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**Page 3 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
RUSSELL E.		PIKE						
Inventor's Signature	<i>Russell E. Pike</i>						Date	<u>2/7/02</u>
Residence: City	STANHOPE	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	RD #1, 31 FLORENCE STREET							
Post Office Address								
City	STANHOPE	State	NJ	ZIP	07874	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
STEPHANE L.		BOGEN						
Inventor's Signature	<i>Stephane L. Bogen</i>						Date	<u>2/7/02</u>
Residence: City	SOMERSET	State	NJ	Country	USA	Citizenship	FRANCE	
Post Office Address	13 DAHLIA ROAD							
Post Office Address								
City	SOMERSET	State	NJ	ZIP	08873	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
TIN-YAU		CHAN						
Inventor's Signature	<i>Tin-Yau Chan</i>						Date	<u>2/7/02</u>
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	HONG KONG	
Post Office Address	26 BARLOW ROAD							
Post Office Address								
City	EDISON	State	NJ	ZIP	08817	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**
Page 4 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
YI-TSUNG				LIU			
Inventor's Signature	<i>Yi-Tsung Liu</i>				Date	02/07/2002	
Residence: City	MORRIS TOWNSHIP	State	NJ	Country	USA	Citizenship	U.S.A.
Post Office Address	34 ALEXANDRIA ROAD						
Post Office Address							
City	MORRIS TOWNSHIP	State	NJ	ZIP	07960	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
ZHAONING				ZHU			
Inventor's Signature	<i>Zhaoning Zhu</i>				Date	02/07/02	
Residence: City	EAST WINDSOR	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address	34 STONEHEDGE DRIVE						
Post Office Address							
City	EAST WINDSOR	State	NJ	ZIP	08520	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
F. GEORGE				NJOROGE			
Inventor's Signature	<i>F. George Njoroge</i>				Date	02/07/02	
Residence: City	WARREN	State	NJ	Country	USA	Citizenship	KENYA
Post Office Address	11 SOFTWOOD WAY						
Post Office Address							
City	WARREN	State	NJ	ZIP	07059	Country	USA

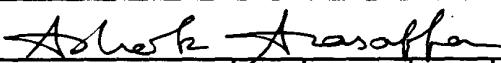
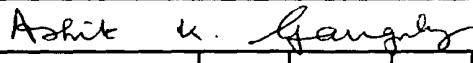
Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>5</u> of <u>10</u>	
--------------------	--	--	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
ASHOK		ARASAPPAN						
Inventor's Signature							Date	2/7/02
Residence: City	BRIDGEWATER	State	NJ	Country	USA	Citizenship	INDIA	
Post Office Address	18LARSEN COURT							
Post Office Address								
City	BRIDGEWATER	State	NJ	ZIP	08807	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
TEJAL		PAREKH						
Inventor's Signature							Date	
Residence: City	MOUNTAIN VIEW	State	CA	Country	USA	Citizenship	INDIA	
Post Office Address	1885 EDNAMARY WAY, UNIT C							
Post Office Address								
City	MOUNTAIN VIEW	State	CA	ZIP	94040	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
ASHIT K.		GANGULY						
Inventor's Signature							Date	2/19/2002
Residence: City	UPPER MONTCLAIR	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	96 COOPER AVENUE							
Post Office Address								
City	UPPER MONTCLAIR	State	NJ	ZIP	07043	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION
**ADDITIONAL INVENTOR(S)
Supplemental Sheet**
 Page 7 of 10

Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
PATRICK A.		PINTO					
Inventor's Signature	<i>Patrick G. Pinto</i>						Date 2/7/02
Residence: City	MORRIS PLAINS	State	NJ	Country	USA	Citizenship	USA
Post Office Address	34 BATTLE RIDGE ROAD						
Post Office Address							
City	MORRIS PLAINS	State	NJ	ZIP	07950	Country	USA
Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
BAMA		SANTHANAM					
Inventor's Signature							Date
Residence: City	BRIDGEWATER	State	NJ	Country	USA	Citizenship	INDIA
Post Office Address	10 SOMERSET AVENUE						
Post Office Address							
City	BRIDGEWATER	State	NJ	ZIP	08807	Country	USA
Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
SCOTT JEFFREY		KEMP					
Inventor's Signature							Date
Residence: City	SAN DIEGO	State	CA	Country	USA	Citizenship	USA
Post Office Address	7873 AVENIDA NAVIDAD #263						
Post Office Address							
City	SAN DIEGO	State	CA	ZIP	92130	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 8 of 10**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
ODILE ESTHER		LEVY					
Inventor's Signature							Date
Residence: City	SAN DIEGO	State	CA	Country	USA	Citizenship	USA
Post Office Address	5304 RUETTE DE MER						
Post Office Address							
City	SAN DIEGO	State	NJ	ZIP	92130	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
MARGUERITA		LIM-WILBY					
Inventor's Signature							Date
Residence: City	LA JOLLA	State	CA	Country	USA	Citizenship	MALAYSIA
Post Office Address	6333 CASTENJON DRIVE						
Post Office Address							
City	SANTA FE	State	NM	ZIP	92037	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
SUSAN Y.		TAMURA					
Inventor's Signature							Date
Residence: City	SAN DIEGO	State	CA	Country	USA	Citizenship	USA
Post Office Address	9166 BEDEL COURT						
Post Office Address							
City	SAN DIEGO	State	CA	ZIP	92129	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) Inside this box →

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>9</u> of <u>10</u>			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
WANLI				WU			
Inventor's Signature	<i>Wanli</i>				Date	2/8/02	
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address	30 SHEPPARD PLACE						
Post Office Address							
City	EDISON	State	NJ	ZIP	08817	Country	USA
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname			
SISKA				HENDRATA			
Inventor's Signature	<i>Siska Hendrata</i>				Date	2/8/02	
Residence: City	ROCKAWAY	State	NJ	Country	USA	Citizenship	USA
Post Office Address	15 FLINTLOCK TERRACE						
Post Office Address							
City	ROCKAWAY	State	NJ	ZIP	07866	Country	USA
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname			
YUHUA <i>Yuhua</i>				HUANG 2/8/02			
Inventor's Signature	<i>Yuhua</i>				Date	2/8/02	
Residence: City	SCOTCH PLAINS	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address	61 SPRUCE MILL LANE						
Post Office Address							
City	SCOTCH PLAINS	State	NJ	ZIP	07076	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/02A (11-00)

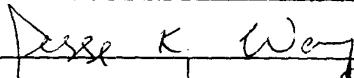
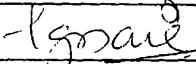
Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 10 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
JESSE K.		WONG	
Inventor's Signature			Date 2-7-02
Residence: City MONROE TOWNSHIP	State NJ	Country U.S.A.	Citizenship U.S.A.
Mailing Address 2 HAMPSHIRE PLACE			
Mailing Address			
City MONROE TOWNSHIP	State NJ	ZIP 08831	Country U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
LATHA G.		NAIR	
Inventor's Signature 			Date 7/02/02
Residence: City SCOTCH PLAINS	State NJ	Country U.S.A.	Citizenship INDIA
Mailing Address 225 COUNTRYCLUB LANE			
Mailing Address			
City SCOTCH PLAINS	State NJ	ZIP 07076	Country U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box →

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

HB

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	IN01159K1
First Named Inventor	SAKSENA, et al
COMPLETE IF KNOWN	
Application Number	/
Filing Date	January 18, 2002
Group Art Unit	To Be Assigned
Examiner Name	To Be Assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NOVEL PEPTIDES AS NS3-SERINE PROTEASE INHIBITORS OF HEPATITIS C VIRUS

the specification of which

(Title of the Invention)

is attached hereto
OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/220,108	7/21/00	<input type="checkbox"/>

[Page 1 of 2]

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

Typed or printed name

Signature

Date

Express Mail Label No.

Date

Please type a plus sign (+) inside this box →

PTO/SB/01 (12-97)
Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
09/908,955	7/19/01	

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number → Place Customer Number Bar Code Label here
 Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

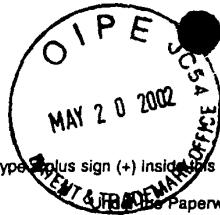
Direct all correspondence to: Customer Number or Bar Code Label OR Correspondence address below

Name	PALAIYUR S. KALYANARAMAN Reg. No. 34634			
Address				
Address				
City	State	ZIP		
Country	Telephone	(908) 298-5068	Fax	(908) 298-5388

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle if any)		Family Name or Surname					
ANIL K.		SAKSENA					
Inventor's Signature				Date			
Residence: City	UPPER MONTCLAIR	State	NJ	Country	USA	Citizenship	USA
Post Office Address	53 BEVERLY ROAD						
Post Office Address							
City	UPPER MONTCLAIR	State	NJ	ZIP	07043	Country	USA

Additional inventors are being named on the 8 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto



Please type or plus sign (+) inside this box → +

**COPY OF PAPERS
ORIGINALLY FILED**

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>10</u>					
--------------------	--	--	--	--	--	--	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
VIYYOOR MOOIL		GIRIJAVALLABHAN						
Inventor's Signature							Date	
Residence: City	PARSIPPANY	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	10 MAPLEWOOD DRIVE							
Post Office Address								
City	PARSIPPANY	State	NJ	ZIP	07054	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
RAYMOND G.		LOVEY						
Inventor's Signature							Date	
Residence: City	WEST CALDWELL	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	65 WOODSIDE AVENUE							
Post Office Address								
City	WEST CALDWELL	State	NJ	ZIP	07006	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
EDWIN		JAO						
Inventor's Signature							Date	
Residence: City	WARREN	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	20 CROSSWOOD WAY							
Post Office Address								
City	WARREN	State	NJ	ZIP	07059	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>10</u>
--------------------	--	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
FRANK		BENNETT						
Inventor's Signature							Date	
Residence: City	PISCATAWAY	State	NJ	Country	USA	Citizenship	SCOTLAND	
Post Office Address	419 DRACO ROAD							
Post Office Address								
City	PISCATAWAY	State	NJ	ZIP	08854	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
JINPING L.		MC CORMICK						
Inventor's Signature	<i>Jinping L.</i>						Date	<u>2/8/02</u>
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	5 PACE DRIVE							
Post Office Address								
City	EDISON	State	NJ	ZIP	08820	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
HAIYAN		WANG						
Inventor's Signature							Date	
Residence: City	CRANBURY	State	NJ	Country	USA	Citizenship	CHINA	
Post Office Address	5 CUBBERLY COURT							
Post Office Address								
City	CRANBURY	State	NJ	ZIP	08512	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**Page 3 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
RUSSELL E.		PIKE					
Inventor's Signature							Date
Residence: City	STANHOPE	State	NJ	Country	USA	Citizenship	USA
Post Office Address	RD #1, 31 FLORENCE STREET						
Post Office Address							
City	STANHOPE	State	NJ	ZIP	07874	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
STEPHANE L.		BOGEN					
Inventor's Signature							Date
Residence: City	SOMERSET	State	NJ	Country	USA	Citizenship	FRANCE
Post Office Address	13 DAHLIA ROAD						
Post Office Address							
City	SOMERSET	State	NJ	ZIP	08873	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
TIN-YAU		CHAN					
Inventor's Signature							Date
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	HONG KONG
Post Office Address	26 BARLOW ROAD						
Post Office Address							
City	EDISON	State	NJ	ZIP	08817	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>4</u> of <u>10</u>			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
YI-TSUNG				LIU			
Inventor's Signature					Date		
Residence: City	MORRIS TOWNSHIP	State	NJ	Country	USA	Citizenship	U.S.A.
Post Office Address	34 ALEXANDRIA ROAD						
Post Office Address							
City	MORRIS TOWNSHIP	State	NJ	ZIP	07960	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
ZHAONING				ZHU			
Inventor's Signature					Date		
Residence: City	EAST WINDSOR	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address	34 STONEHEDGE DRIVE						
Post Office Address							
City	EAST WINDSOR	State	NJ	ZIP	08520	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
F. GEORGE				NJOROGE			
Inventor's Signature					Date		
Residence: City	WARREN	State	NJ	Country	USA	Citizenship	KENYA
Post Office Address	11 SOFTWOOD WAY						
Post Office Address							
City	WARREN	State	NJ	ZIP	07059	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>5</u> of <u>10</u>
--------------------	--	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
ASHOK		ARASAPPAN						
Inventor's Signature							Date	
Residence: City	BRIDGEWATER	State	NJ	Country	USA	Citizenship	INDIA	
Post Office Address	18LARSEN COURT							
Post Office Address								
City	BRIDGEWATER	State	NJ	ZIP	08807	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
TEJAL		PAREKH						
Inventor's Signature							Date	
Residence: City	MOUNTAIN VIEW	State	CA	Country	USA	Citizenship	INDIA	
Post Office Address	1885 EDNAMARY WAY, UNIT C							
Post Office Address								
City	MOUNTAIN VIEW	State	CA	ZIP	94040	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
ASHIT K.		GANGULY						
Inventor's Signature							Date	
Residence: City	UPPER MONTCLAIR	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	96 COOPER AVENUE							
Post Office Address								
City	UPPER MONTCLAIR	State	NJ	ZIP	07043	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

+

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>6</u> of <u>10</u>
--------------------	---

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
KEVIN X.		CHEN					
Inventor's Signature							Date
Residence: City	ISELIN	State	NJ	Country	USA	Citizenship	USA
Post Office Address	44 GILL LANE, APT. 1D						
Post Office Address							
City	ISELIN	State	NJ	ZIP	08830	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
SRIKANTH		VENKATRAMAN					
Inventor's Signature							Date
Residence: City	WOODBRIDGE	State	NJ	Country	USA	Citizenship	INDIA
Post Office Address	35 ROANOKE STREET						
Post Office Address							
City	WOODBRIDGE	State	NJ	ZIP	07095	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
HENRY A.		VACCARO					
Inventor's Signature							Date
Residence: City	SOUTH PLAINFIELD	State	NJ	Country	USA	Citizenship	USA
Post Office Address	123 SOMERSET AVENUE						
Post Office Address							
City	SOUTH PLAINFIELD	State	NJ	ZIP	07080	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 7 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
PATRICK A.		PINTO						
Inventor's Signature							Date	
Residence: City	MORRIS PLAINS	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	34 BATTLE RIDGE ROAD							
Post Office Address								
City	MORRIS PLAINS	State	NJ	ZIP	07950	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
BAMA		SANTHANAM						
Inventor's Signature							Date	
Residence: City	BRIDGEWATER	State	NJ	Country	USA	Citizenship	INDIA	
Post Office Address	10 SOMERSET AVENUE							
Post Office Address								
City	BRIDGEWATER	State	NJ	ZIP	08807	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
SCOTT JEFFREY		KEMP						
Inventor's Signature							Date	
Residence: City	SAN DIEGO	State	CA	Country	USA	Citizenship	USA	
Post Office Address	7873 AVENIDA NAVIDAD #263							
Post Office Address								
City	SAN DIEGO	State	CA	ZIP	92130	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 8 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
ODILE ESTHER		LEVY						
Inventor's Signature							Date	
Residence: City	SAN DIEGO	State	CA	Country	USA	Citizenship	USA	
Post Office Address	5304 RUETTE DE MER							
Post Office Address								
City	SAN DIEGO	State	NJ	ZIP	92130	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
MARGUERITA		LIM-WILBY						
Inventor's Signature							Date	
Residence: City	LA JOLLA	State	CA	Country	USA	Citizenship	MALAYSIA	
Post Office Address	6333 CASTENJON DRIVE							
Post Office Address								
City	SANTA FE	State	NM	ZIP	92037	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
SUSAN Y.		TAMURA						
Inventor's Signature							Date	
Residence: City	SAN DIEGO	State	CA	Country	USA	Citizenship	USA	
Post Office Address	9166 BEDEL COURT							
Post Office Address								
City	SAN DIEGO	State	CA	ZIP	92129	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

+

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**Page 9 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
WANLI		WU					
Inventor's Signature							Date
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address	30 SHEPPARD PLACE						
Post Office Address							
City	EDISON	State	NJ	ZIP	08817	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
SISKA		HENDRATA					
Inventor's Signature							Date
Residence: City	ROCKAWAY	State	NJ	Country	USA	Citizenship	USA
Post Office Address	15 FLINTLOCK TERRACE						
Post Office Address							
City	ROCKAWAY	State	NJ	ZIP	07866	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
YUHUA		HUANG					
Inventor's Signature							Date
Residence: City	SCOTCH PLAINS	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address	61 SPRUCE MILL LANE						
Post Office Address							
City	SCOTCH PLAINS	State	NJ	ZIP	07076	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 10 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
JESSE K.		WONG					
Inventor's Signature		Date					
Residence: City	MONROE TOWNSHIP	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Mailing Address 2 HAMPSHIRE PLACE							
Mailing Address							
City	MONROE TOWNSHIP	State	NJ	ZIP	08831	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
LATHA G.		NAIR					
Inventor's Signature		Date					
Residence: City	SCOTCH PLAINS	State	NJ	Country	U.S.A.	Citizenship	INDIA
Mailing Address 225 COUNTRYCLUB LANE							
Mailing Address							
City	SCOTCH PLAINS	State	NJ	ZIP	07076	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature		Date					
Residence: City		State		Country		Citizenship	
Mailing Address							
Mailing Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box →

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration Submitted with Initial Filing Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	IN01159K1
First Named Inventor	SAKSENA, et al
COMPLETE IF KNOWN	
Application Number	/
Filing Date	January 18, 2002
Group Art Unit	To Be Assigned
Examiner Name	to Be Assigned

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NOVEL PEPTIDES AS NS3-SERINE PROTEASE INHIBITORS OF HEPATITIS C VIRUS

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/220,108	7/21/00	<input type="checkbox"/>

[Page 1 of 2]

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

Typed or printed name

Signature

Date

Express Mail Label No.

Date

Please type a plus sign (+) inside this box → **DECLARATION — Utility or Design Patent Application**

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below, and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number		Parent Filing Date (MM/DD/YYYY)		Parent Patent Number (if applicable)			
09/908,955		7/19/01					
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.							
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input checked="" type="checkbox"/> Customer Number <input type="text" value="24265"/> → <input type="checkbox"/> Place Customer Number Bar Code Label here <input type="checkbox"/> Registered practitioner(s) name/registration number listed below							
Name	Registration Number	Name		Registration Number			
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.							
Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label <input type="text" value="24265"/> OR <input type="checkbox"/> Correspondence address below							
Name	PALAIYUR S. KALYANARAMAN Reg. No. 34634						
Address							
Address							
City	State		ZIP				
Country	Telephone	(908) 298-5068	Fax	(908) 298-5388			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
Name of Sole or First Inventor:			<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle if any)			Family Name or Surname				
ANIL K.			SAKSENA				
Inventor's Signature						Date	
Residence: City	UPPER MONTCLAIR	State	NJ	Country	USA	Citizenship	USA
Post Office Address	53 BEVERLY ROAD						
Post Office Address							
City	UPPER MONTCLAIR	State	NJ	ZIP	07043	Country	USA
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>8</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto							



Please type a plus sign (+) inside this box → +

**COPY OF PAPERS
ORIGINALLY FILED**

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>10</u>			
--------------------	--	--	--	--	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
VIYYOOR MOOPIL				GIRJAVALLABHAN				
Inventor's Signature							Date	
Residence: City	PARSIPPANY	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	10 MAPLEWOOD DRIVE							
Post Office Address								
City	PARSIPPANY	State	NJ	ZIP	07054	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
RAYMOND G.				LOVEY				
Inventor's Signature							Date	
Residence: City	WEST CALDWELL	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	65 WOODSIDE AVENUE							
Post Office Address								
City	WEST CALDWELL	State	NJ	ZIP	07006	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
EDWIN				JAO				
Inventor's Signature							Date	
Residence: City	WARREN	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	20 CROSSWOOD WAY							
Post Office Address								
City	WARREN	State	NJ	ZIP	07059	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>2</u> of <u>10</u>				
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
FRANK				BENNETT				
Inventor's Signature					Date			
Residence: City	PISCATAWAY	State	NJ	Country	USA	Citizenship	SCOTLAND	
Post Office Address	419 DRACO ROAD							
Post Office Address								
City	PISCATAWAY	State	NJ	ZIP	08854	Country	USA	
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname				
JINPING L.				MC CORMICK				
Inventor's Signature					Date			
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	5 PACE DRIVE							
Post Office Address								
City	EDISON	State	NJ	ZIP	08820	Country	USA	
Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname				
HAIYAN				WANG				
Inventor's Signature					Date			
Residence: City	CRANBURY	State	NJ	Country	USA	Citizenship	CHINA	
Post Office Address	5 CUBBERLY COURT							
Post Office Address								
City	CRANBURY	State	NJ	ZIP	08512	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →
DECLARATION
**ADDITIONAL INVENTOR(S)
Supplemental Sheet**
Page 3 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
RUSSELL E.		PIKE						
Inventor's Signature							Date	
Residence: City	STANHOPE	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	RD #1, 31 FLORENCE STREET							
Post Office Address								
City	STANHOPE	State	NJ	ZIP	07874	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
STEPHANE L.		BOGEN						
Inventor's Signature							Date	
Residence: City	SOMERSET	State	NJ	Country	USA	Citizenship	FRANCE	
Post Office Address	13 DAHLIA ROAD							
Post Office Address								
City	SOMERSET	State	NJ	ZIP	08873	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
TIN-YAU		CHAN						
Inventor's Signature							Date	
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	HONG KONG	
Post Office Address	26 BARLOW ROAD							
Post Office Address								
City	EDISON	State	NJ	ZIP	08817	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Please type a plus sign (+) inside this box → **DECLARATION****ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 4 of 10**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
YI-TSUNG		LIU					
Inventor's Signature							Date
Residence: City	MORRIS TOWNSHIP	State	NJ	Country	USA	Citizenship	U.S.A.
Post Office Address	34 ALEXANDRIA ROAD						
Post Office Address							
City	MORRIS TOWNSHIP	State	NJ	ZIP	07960	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
ZHAONING		ZHU					
Inventor's Signature							Date
Residence: City	EAST WINDSOR	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address	34 STONEHEDGE DRIVE						
Post Office Address							
City	EAST WINDSOR	State	NJ	ZIP	08520	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
F. GEORGE		NJOROGE					
Inventor's Signature							Date
Residence: City	WARREN	State	NJ	Country	USA	Citizenship	KENYA
Post Office Address	11 SOFTWOOD WAY						
Post Office Address							
City	WARREN	State	NJ	ZIP	07059	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>5</u> of <u>10</u>			
--------------------	--	---	--	--	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
ASHOK		ARASAPPAN					
Inventor's Signature							Date
Residence: City	BRIDGEWATER	State	NJ	Country	USA	Citizenship	INDIA
Post Office Address	18LARSEN COURT						
Post Office Address							
City	BRIDGEWATER	State	NJ	ZIP	08807	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
TEJAL		PAREKH					
Inventor's Signature							Date
Residence: City	MOUNTAIN VIEW	State	CA	Country	USA	Citizenship	INDIA
Post Office Address	1885 EDNAMARY WAY, UNIT C						
Post Office Address							
City	MOUNTAIN VIEW	State	CA	ZIP	94040	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
ASHIT K.		GANGULY					
Inventor's Signature							Date
Residence: City	UPPER MONTCLAIR	State	NJ	Country	USA	Citizenship	USA
Post Office Address	96 COOPER AVENUE						
Post Office Address							
City	UPPER MONTCLAIR	State	NJ	ZIP	07043	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Please type a plus sign (+) inside this box →

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 6 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
KEVIN X.		CHEN					
Inventor's Signature							Date
Residence: City	ISELIN	State	NJ	Country	USA	Citizenship	USA
Post Office Address	44 GILL LANE, APT. 1D						
Post Office Address							
City	ISELIN	State	NJ	ZIP	08830	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
SRIKANTH		VENKATRAMAN					
Inventor's Signature							Date
Residence: City	WOODBRIDGE	State	NJ	Country	USA	Citizenship	INDIA
Post Office Address	35 ROANOKE STREET						
Post Office Address							
City	WOODBRIDGE	State	NJ	ZIP	07095	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
HENRY A.		VACCARO					
Inventor's Signature							Date
Residence: City	SOUTH PLAINFIELD	State	NJ	Country	USA	Citizenship	USA
Post Office Address	123 SOMERSET AVENUE						
Post Office Address							
City	SOUTH PLAINFIELD	State	NJ	ZIP	07080	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 7 of 10**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
PATRICK A.		PINTO					
Inventor's Signature							Date
Residence: City	MORRIS PLAINS	State	NJ	Country	USA	Citizenship	USA
Post Office Address	34 BATTLE RIDGE ROAD						
Post Office Address							
City	MORRIS PLAINS	State	NJ	ZIP	07950	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
BAMA		SANTHANAM					
Inventor's Signature	<i>S. Bama.</i>						Date
Residence: City	BRIDGEWATER	State	NJ	Country	USA	Citizenship	INDIA
Post Office Address	10 SOMERSET AVENUE						
Post Office Address							
City	BRIDGEWATER	State	NJ	ZIP	08807	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
SCOTT JEFFREY		KEMP					
Inventor's Signature							Date
Residence: City	SAN DIEGO	State	CA	Country	USA	Citizenship	USA
Post Office Address	7873 AVENIDA NAVIDAD #263						
Post Office Address							
City	SAN DIEGO	State	CA	ZIP	92130	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

+
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>8</u> of <u>10</u>
--------------------	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
ODILE ESTHER			LEVY				
Inventor's Signature						Date	
Residence: City	SAN DIEGO	State	CA	Country	USA	Citizenship	USA
Post Office Address	5304 RUETTE DE MER						
Post Office Address							
City	SAN DIEGO	State	NJ	ZIP	92130	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
MARGUERITA			LIM-WILBY				
Inventor's Signature						Date	
Residence: City	LA JOLLA	State	CA	Country	USA	Citizenship	MALAYSIA
Post Office Address	6333 CASTENJON DRIVE						
Post Office Address							
City	SANTA FE	State	NM	ZIP	92037	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
SUSAN Y.			TAMURA				
Inventor's Signature						Date	
Residence: City	SAN DIEGO	State	CA	Country	USA	Citizenship	USA
Post Office Address	9166 BEDEL COURT						
Post Office Address							
City	SAN DIEGO	State	CA	ZIP	92129	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 9 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
WANLI		WU						
Inventor's Signature							Date	
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	CHINA	
Post Office Address	30 SHEPPARD PLACE							
Post Office Address								
City	EDISON	State	NJ	ZIP	08817	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
SISKA		HENDRATA						
Inventor's Signature							Date	
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	CHINA	
Post Office Address	25 CINDER ROAD, APT. 2F							
Post Office Address								
City	EDISON	State	NJ	ZIP	08820	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
YUHUA		HUANG						
Inventor's Signature							Date	
Residence: City	SCOTCH PLAINS	State	NJ	Country	USA	Citizenship	CHINA	
Post Office Address	61 SPRUCE MILL LANE							
Post Office Address								
City	SCOTCH PLAINS	State	NJ	ZIP	07076	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 10 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
JESSE K.		WONG	
Inventor's Signature		Date	
Residence: City	MONROE TOWNSHIP	State	NJ
Country	U.S.A.	Citizenship	U.S.A.
Mailing Address 2 HAMPSHIRE PLACE			
Mailing Address			
City	MONROE TOWNSHIP	State	NJ
ZIP	08831	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
LATHA G.		NAIR	
Inventor's Signature		Date	
Residence: City	SCOTCH PLAINS	State	NJ
Country	U.S.A.	Citizenship	INDIA
Mailing Address 225 COUNTRYCLUB LANE			
Mailing Address			
City	SCOTCH PLAINS	State	NJ
ZIP	07076	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
Country		Citizenship	
Mailing Address			
Mailing Address			
City		State	
ZIP		Country	

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box →

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Att r n y D cket Number	IN01159K1
First Named Inventor	SAKSENA, et al
COMPLETE IF KNOWN	
Application Number	/
Filing Date	January 18, 2002
Group Art Unit	To Be Assigned
Examiner Name	To Be Assigned

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**NOVEL PEPTIDES AS NS3-SERINE PROTEASE INHIBITORS
OF HEPATITIS C VIRUS**

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/220,108	7/21/00	<input type="checkbox"/>

[Page 1 of 2]

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

Typed or printed name

Signature

Date

Express Mail Label No.

Date

Please type a plus sign (+) inside this box →

+
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
09/908,955	7/19/01	

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number → Place Customer Number Bar Code Label here
 Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: Customer Number or Bar Code Label OR Correspondence address below

Name	PALAIYUR S. KALYANARAMAN Reg. No. 34634		
Address			
Address			
City		State	ZIP
Country	Telephone	(908) 298-5068	Fax
	(908) 298-5388		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: A petition has been filed for this unsigned inventor

Given Name (first and middle if any)	Family Name or Surname		
ANIL K.		SAKSENA	

Inventor's Signature				Date	
----------------------	--	--	--	------	--

Residence: City	UPPER MONTCLAIR	State	NJ	Country	USA	Citizenship	USA
-----------------	-----------------	-------	----	---------	-----	-------------	-----

Post Office Address	53 BEVERLY ROAD						
---------------------	-----------------	--	--	--	--	--	--

Post Office Address							
City	UPPER MONTCLAIR	State	NJ	ZIP	07043	Country	USA

Additional inventors are being named on the 8 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto



Please type or plus sign (+) inside this box → +

COPY OF PAPERS
ORIGINALLY FILED

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>10</u>			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
VIYYOOR MOOPIL				GIRIJAVALLABHAN			
Inventor's Signature					Date		
Residence: City	PARSIPPANY	State	NJ	Country	USA	Citizenship	USA
Post Office Address	10 MAPLEWOOD DRIVE						
Post Office Address							
City	PARSIPPANY	State	NJ	ZIP	07054	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
RAYMOND G.				LOVEY			
Inventor's Signature					Date		
Residence: City	WEST CALDWELL	State	NJ	Country	USA	Citizenship	USA
Post Office Address	65 WOODSIDE AVENUE						
Post Office Address							
City	WEST CALDWELL	State	NJ	ZIP	07006	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
EDWIN				JAO			
Inventor's Signature					Date		
Residence: City	WARREN	State	NJ	Country	USA	Citizenship	USA
Post Office Address	20 CROSSWOOD WAY						
Post Office Address							
City	WARREN	State	NJ	ZIP	07059	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 10**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
FRANK		BENNETT					
Inventor's Signature							Date
Residence: City	PISCATAWAY	State	NJ	Country	USA	Citizenship	SCOTLAND
Post Office Address	419 DRACO ROAD						
Post Office Address							
City	PISCATAWAY	State	NJ	ZIP	08854	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
JINPING L.		MC CORMICK					
Inventor's Signature							Date
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	USA
Post Office Address	5 PACE DRIVE						
Post Office Address							
City	EDISON	State	NJ	ZIP	08820	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
HAIYAN		WANG					
Inventor's Signature							Date
Residence: City	CRANBURY	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address	5 CUBBERLY COURT						
Post Office Address							
City	CRANBURY	State	NJ	ZIP	08512	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet
		Page <u>3</u> of <u>10</u>

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
RUSSELL E.		PIKE					
Inventor's Signature							Date
Residence: City	STANHOPE	State	NJ	Country	USA	Citizenship	USA
Post Office Address	RD #1, 31 FLORENCE STREET						
Post Office Address							
City	STANHOPE	State	NJ	ZIP	07874	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
STEPHANE L.		BOGEN					
Inventor's Signature							Date
Residence: City	SOMERSET	State	NJ	Country	USA	Citizenship	FRANCE
Post Office Address	13 DAHLIA ROAD						
Post Office Address							
City	SOMERSET	State	NJ	ZIP	08873	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
TIN-YAU		CHAN					
Inventor's Signature							Date
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	HONG KONG
Post Office Address	26 BARLOW ROAD						
Post Office Address							
City	EDISON	State	NJ	ZIP	08817	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.**DECLARATION****ADDITIONAL INVENTOR(S)
Supplemental Sheet**
Page 4 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
YI-TSUNG		LIU					
Inventor's Signature							Date
Residence: City	MORRIS TOWNSHIP	State	NJ	Country	USA	Citizenship	U.S.A.
Post Office Address	34 ALEXANDRIA ROAD						
Post Office Address							
City	MORRIS TOWNSHIP	State	NJ	ZIP	07960	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
ZHAONING		ZHU					
Inventor's Signature							Date
Residence: City	EAST WINDSOR	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address	34 STONEHEDGE DRIVE						
Post Office Address							
City	EAST WINDSOR	State	NJ	ZIP	08520	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
F. GEORGE		NJOROGE					
Inventor's Signature							Date
Residence: City	WARREN	State	NJ	Country	USA	Citizenship	KENYA
Post Office Address	11 SOFTWOOD WAY						
Post Office Address							
City	WARREN	State	NJ	ZIP	07059	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.**DECLARATION****ADDITIONAL INVENTOR(S)
Supplemental Sheet**
Page 5 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
ASHOK		ARASAPPAN					
Inventor's Signature							Date
Residence: City	BRIDGEWATER	State	NJ	Country	USA	Citizenship	INDIA
Post Office Address	18LARSEN COURT						
Post Office Address							
City	BRIDGEWATER	State	NJ	ZIP	08807	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
TEJAL		PAREKH					
Inventor's Signature							Date
Residence: City	MOUNTAIN VIEW	State	CA	Country	USA	Citizenship	INDIA
Post Office Address	1885 EDNAMARY WAY, UNIT C						
Post Office Address							
City	MOUNTAIN VIEW	State	CA	ZIP	94040	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
ASHIT K.		GANGULY					
Inventor's Signature							Date
Residence: City	UPPER MONTCLAIR	State	NJ	Country	USA	Citizenship	USA
Post Office Address	96 COOPER AVENUE						
Post Office Address							
City	UPPER MONTCLAIR	State	NJ	ZIP	07043	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.**DECLARATION****ADDITIONAL INVENTOR(S)
Supplemental Sheet**Page 6 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
KEVIN X.			CHEN				
Inventor's Signature							Date
Residence: City	ISELIN	State	NJ	Country	USA	Citizenship	USA
Post Office Address	44 GILL LANE, APT. 1D						
Post Office Address							
City	ISELIN	State	NJ	ZIP	08830	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
SRIKANTH			VENKATRAMAN				
Inventor's Signature							Date
Residence: City	WOODBRIDGE	State	NJ	Country	USA	Citizenship	INDIA
Post Office Address	35 ROANOKE STREET						
Post Office Address							
City	WOODBRIDGE	State	NJ	ZIP	07095	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
HENRY A.			VACCARO				
Inventor's Signature							Date
Residence: City	SOUTH PLAINFIELD	State	NJ	Country	USA	Citizenship	USA
Post Office Address	123 SOMERSET AVENUE						
Post Office Address							
City	SOUTH PLAINFIELD	State	NJ	ZIP	07080	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>7</u> of <u>10</u>
--------------------	--	---

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
PATRICK A.		PINTO						
Inventor's Signature							Date	
Residence: City	MORRIS PLAINS	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	34 BATTLE RIDGE ROAD							
Post Office Address								
City	MORRIS PLAINS	State	NJ	ZIP	07950	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
BAMA		SANTHANAM						
Inventor's Signature							Date	
Residence: City	BRIDGEWATER	State	NJ	Country	USA	Citizenship	INDIA	
Post Office Address	10 SOMERSET AVENUE							
Post Office Address								
City	BRIDGEWATER	State	NJ	ZIP	08807	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
SCOTT JEFFREY		KEMP						
Inventor's Signature							Date	
Residence: City	SAN DIEGO	State	CA	Country	USA	Citizenship	USA	
Post Office Address	7873 AVENIDA NAVIDAD #263							
Post Office Address								
City	SAN DIEGO	State	CA	ZIP	92130	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → **DECLARATION****ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 8 of 10**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
ODILE ESTHER		LEVY						
Inventor's Signature							Date	
Residence: City	SAN DIEGO	State	CA	Country	USA	Citizenship	USA	
Post Office Address	5304 RUETTE DE MER							
Post Office Address								
City	SAN DIEGO	State	NJ	ZIP	92130	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
MARGUERITA		LIM-WILBY						
Inventor's Signature							Date	
Residence: City	LA JOLLA	State	CA	Country	USA	Citizenship	MALAYSIA	
Post Office Address	6333 CASTENJON DRIVE							
Post Office Address								
City	SANTA FE	State	NM	ZIP	92037	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
SUSAN Y.		TAMURA						
Inventor's Signature	<i>Susan Y. Tamura</i>						Date	2/26/02
Residence: City	SAN DIEGO	State	CA	Country	USA	Citizenship	USA	
Post Office Address	9166 BEDEL COURT							
Post Office Address								
City	SAN DIEGO	State	CA	ZIP	92129	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

+

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**
Page 9 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
WANLI		WU					
Inventor's Signature							Date
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address	30 SHEPPARD PLACE						
Post Office Address							
City	EDISON	State	NJ	ZIP	08817	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
SISKA		HENDRATA					
Inventor's Signature							Date
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address	25 CINDER ROAD, APT. 2F						
Post Office Address							
City	EDISON	State	NJ	ZIP	08820	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
YUHUA		HUANG					
Inventor's Signature							Date
Residence: City	SCOTCH PLAINS	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address	61 SPRUCE MILL LANE						
Post Office Address							
City	SCOTCH PLAINS	State	NJ	ZIP	07076	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box → [+]

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)

Supplemental Sheet
Page 10 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
JESSE K.		WONG	
Inventor's Signature		Date	
Residence: City	MONROE TOWNSHIP	State	NJ
Country	U.S.A.	Citizenship	U.S.A.
Mailing Address 2 HAMPSHIRE PLACE			
Mailing Address			
City	MONROE TOWNSHIP	State	NJ
ZIP	08831	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
LATHA G.		NAIR	
Inventor's Signature		Date	
Residence: City	SCOTCH PLAINS	State	NJ
Country	U.S.A.	Citizenship	INDIA
Mailing Address 225 COUNTRYCLUB LANE			
Mailing Address			
City	SCOTCH PLAINS	State	NJ
ZIP	07076	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
Country		Citizenship	
Mailing Address			
Mailing Address			
City		State	
ZIP		Country	

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box →

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number		IN01159K1
First Named Inventor		SAKSENA, et al
COMPLETE IF KNOWN		
Application Number	/	
Filing Date	January 18, 2002	
Group Art Unit	To Be Assigned	
Examiner Name	to Be Assigned	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**NOVEL PEPTIDES AS NS3-SERINE PROTEASE INHIBITORS
OF HEPATITIS C VIRUS**

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/220,108	7/21/00	<input type="checkbox"/>

[Page 1 of 2]

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

Typed or printed name:

Signature

Date

Express Mail Label No.

Date

Please type a plus sign (+) inside this box →

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
09/908,955	7/19/01	

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number → Place Customer Number Bar Code Label here
 Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.
Direct all correspondence to: Customer Number or Bar Code Label OR Correspondence address below

Name PALAIYUR S. KALYANARAMAN Reg. No. 34634

Address

Address

City

Country

Telephone (908) 298-5068

State

ZIP

Fax (908) 298-5388

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])			Family Name or Surname				
ANIL K.			SAKSENA				
Inventor's Signature						Date	
Residence: City	UPPER MONTCLAIR	State	NJ	Country	USA	Citizenship	USA
Post Office Address	53 BEVERLY ROAD						
Post Office Address							
City	UPPER MONTCLAIR	State	NJ	ZIP	07043	Country	USA

Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto



COPYRIGHTS
ORIGINALLY FILED

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Please type a plus sign (+) inside this box → +

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 1 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
VIYVOOR MOOPIL		GIRIJAVALLABHAN						
Inventor's Signature							Date	
Residence: City	PARSIPPANY	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	10 MAPLEWOOD DRIVE							
Post Office Address								
City	PARSIPPANY	State	NJ	ZIP	07054	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
RAYMOND G.		LOVEY						
Inventor's Signature							Date	
Residence: City	WEST CALDWELL	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	65 WOODSIDE AVENUE							
Post Office Address								
City	WEST CALDWELL	State	NJ	ZIP	07006	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
EDWIN		JAO						
Inventor's Signature							Date	
Residence: City	WARREN	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	20 CROSSWOOD WAY							
Post Office Address								
City	WARREN	State	NJ	ZIP	07059	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Please type a plus sign (+) inside this box →

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 2 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
FRANK		BENNETT						
Inventor's Signature							Date	
Residence: City	PISCATAWAY	State	NJ	Country	USA	Citizenship	SCOTLAND	
Post Office Address	419 DRACO ROAD							
Post Office Address								
City	PISCATAWAY	State	NJ	ZIP	08854	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
JINPING L.		MC CORMICK						
Inventor's Signature							Date	
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	5 PACE DRIVE							
Post Office Address								
City	EDISON	State	NJ	ZIP	08820	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
HAIYAN		WANG						
Inventor's Signature							Date	
Residence: City	CRANBURY	State	NJ	Country	USA	Citizenship	CHINA	
Post Office Address	5 CUBBERLY COURT							
Post Office Address								
City	CRANBURY	State	NJ	ZIP	08512	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 10****Name of Additional Joint Inventor, if any:**

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

RUSSELL E.

PIKE

Inventor's Signature

Date

Residence: City

STANHOPE

State

NJ

Country

USA

Citizenship

USA

Post Office Address

RD #1, 31 FLORENCE STREET

Post Office Address

City

STANHOPE

State

NJ

ZIP

07874

Country

USA

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

STEPHANE L.

BOGEN

Inventor's Signature

Date

Residence: City

SOMERSET

State

NJ

Country

USA

Citizenship

FRANCE

Post Office Address

13 DAHLIA ROAD

Post Office Address

City

SOMERSET

State

NJ

ZIP

08873

Country

USA

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

TIN-YAU

CHAN

Inventor's Signature

Date

Residence: City

EDISON

State

NJ

Country

USA

Citizenship

HONG KONG

Post Office Address

26 BARLOW ROAD

Post Office Address

City

EDISON

State

NJ

ZIP

08817

Country

USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>4</u> of <u>10</u>
--------------------	---

Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
YI-TSUNG		LIU					
Inventor's Signature							Date
Residence: City	MORRIS TOWNSHIP	State	NJ	Country	USA	Citizenship	U.S.A.
Post Office Address	34 ALEXANDRIA ROAD						
Post Office Address							
City	MORRIS TOWNSHIP	State	NJ	ZIP	07960	Country	USA
Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
ZHAONING		ZHU					
Inventor's Signature							Date
Residence: City	EAST WINDSOR	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address	34 STONEHEDGE DRIVE						
Post Office Address							
City	EAST WINDSOR	State	NJ	ZIP	08520	Country	USA
Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
F. GEORGE		NJOROGE					
Inventor's Signature							Date
Residence: City	WARREN	State	NJ	Country	USA	Citizenship	KENYA
Post Office Address	11 SOFTWOOD WAY						
Post Office Address							
City	WARREN	State	NJ	ZIP	07059	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Please type a plus sign (+) inside this box → +

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 5 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
ASHOK		ARASAPPAN						
Inventor's Signature							Date	
Residence: City	BRIDGEWATER	State	NJ	Country	USA	Citizenship	INDIA	
Post Office Address	18LARSEN COURT							
Post Office Address								
City	BRIDGEWATER	State	NJ	ZIP	08807	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
TEJAL		PAREKH						
Inventor's Signature							Date	
Residence: City	MOUNTAIN VIEW	State	CA	Country	USA	Citizenship	INDIA	
Post Office Address	1885 EDNAMARY WAY, UNIT C							
Post Office Address								
City	MOUNTAIN VIEW	State	CA	ZIP	94040	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
ASHIT K.		GANGULY						
Inventor's Signature							Date	
Residence: City	UPPER MONTCLAIR	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	96 COOPER AVENUE							
Post Office Address								
City	UPPER MONTCLAIR	State	NJ	ZIP	07043	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.**DECLARATION****ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 6 of 10**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
KEVIN X.		CHEN					
Inventor's Signature							Date
Residence: City	ISELIN	State	NJ	Country	USA	Citizenship	USA
Post Office Address	44 GILL LANE, APT. 1D						
Post Office Address							
City	ISELIN	State	NJ	ZIP	08830	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
SRIKANTH		VENKATRAMAN					
Inventor's Signature							Date
Residence: City	WOODBRIDGE	State	NJ	Country	USA	Citizenship	INDIA
Post Office Address	35 ROANOKE STREET						
Post Office Address							
City	WOODBRIDGE	State	NJ	ZIP	07095	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
HENRY A.		VACCARO					
Inventor's Signature							Date
Residence: City	SOUTH PLAINFIELD	State	NJ	Country	USA	Citizenship	USA
Post Office Address	123 SOMERSET AVENUE						
Post Office Address							
City	SOUTH PLAINFIELD	State	NJ	ZIP	07080	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

+
+

DECLARATION	ADDITIONAL INVENTOR(S) <small>Supplemental Sheet</small> <small>Page <u>7</u> of <u>10</u></small>
--------------------	---

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
PATRICK A.		PINTO					
Inventor's Signature							Date
Residence: City	MORRIS PLAINS	State	NJ	Country	USA	Citizenship	USA
Post Office Address	34 BATTLE RIDGE ROAD						
Post Office Address							
City	MORRIS PLAINS	State	NJ	ZIP	07950	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
BAMA		SANTHANAM					
Inventor's Signature							Date
Residence: City	BRIDGEWATER	State	NJ	Country	USA	Citizenship	INDIA
Post Office Address	10 SOMERSET AVENUE						
Post Office Address							
City	BRIDGEWATER	State	NJ	ZIP	08807	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
SCOTT JEFFREY		KEMP					
Inventor's Signature							Date
Residence: City	SAN DIEGO	State	CA	Country	USA	Citizenship	USA
Post Office Address	7873 AVENIDA NAVIDAD #263						
Post Office Address							
City	SAN DIEGO	State	CA	ZIP	92130	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.**DECLARATION****ADDITIONAL INVENTOR(S)
Supplemental Sheet**
Page 8 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
ODILE ESTHER		LEVY					
Inventor's Signature	<i>Odile Esther Levy</i>						Date
Residence: City	SAN DIEGO	State	CA	Country	USA	Citizenship	USA
Post Office Address	5304 RUETTE DE MER						
Post Office Address							
City	SAN DIEGO	State	NJ	ZIP	92130	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
MARGUERITA		LIM-WILBY					
Inventor's Signature							Date
Residence: City	LA JOLLA	State	CA	Country	USA	Citizenship	MALAYSIA
Post Office Address	6333 CASTENJON DRIVE						
Post Office Address							
City	SANTA FE	State	NM	ZIP	92037	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
SUSAN Y.		TAMURA					
Inventor's Signature							Date
Residence: City	SAN DIEGO	State	CA	Country	USA	Citizenship	USA
Post Office Address	9166 BEDEL COURT						
Post Office Address							
City	SAN DIEGO	State	CA	ZIP	92129	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.**DECLARATION**
ADDITIONAL INVENTOR(S)
 Suppl m ntal Sh et
 Page 9 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
WANLI		WU					
Inventor's Signature							Date
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address	30 SHEPPARD PLACE						
Post Office Address							
City	EDISON	State	NJ	ZIP	08817	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
SISKA		HENDRATA					
Inventor's Signature							Date
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address	25 CINDER ROAD, APT. 2F						
Post Office Address							
City	EDISON	State	NJ	ZIP	08820	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
YUHUA		HUANG					
Inventor's Signature							Date
Residence: City	SCOTCH PLAINS	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address	61 SPRUCE MILL LANE						
Post Office Address							
City	SCOTCH PLAINS	State	NJ	ZIP	07076	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 10 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
JESSE K.		WONG	
Inventor's Signature		Date	
Residence: City	MONROE TOWNSHIP	State	NJ
Country	U.S.A.	Citizenship	U.S.A.
Mailing Address 2 HAMPSHIRE PLACE			
Mailing Address			
City	MONROE TOWNSHIP	State	NJ
ZIP	08831	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
LATHA G.		NAIR	
Inventor's Signature		Date	
Residence: City	SCOTCH PLAINS	State	NJ
Country	U.S.A.	Citizenship	INDIA
Mailing Address 225 COUNTRYCLUB LANE			
Mailing Address			
City	SCOTCH PLAINS	State	NJ
ZIP	07076	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
Country		Citizenship	
Mailing Address			
Mailing Address			
City		State	
ZIP		Country	

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

**COPY OF PAPERS
ORIGINALLY FILED**



Please type a plus sign (+) inside this box

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted **OR** Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	IN01159K1
First Named Inventor	SAKSENA, et al
COMPLETE IF KNOWN	
Application Number	/
Filing Date	January 18, 2002
Group Art Unit	To Be Assigned
Examiner Name	to Be Assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**NOVEL PEPTIDES AS NS3-SERINE PROTEASE INHIBITORS
OF HEPATITIS C VIRUS**

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/220,108	7/21/00	<input type="checkbox"/>

[Page 1 of 2]

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

Typed or printed name	
-----------------------	--

Signature		Date	
-----------	--	------	--

Express Mail Label No.

Date

Please type a plus sign (+) inside this box →

PTO/SB/01 (12-97)
Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
09/908,955	7/19/01	

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number 24265 → Place Customer Number Bar Code Label here
 OR
 Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.
Direct all correspondence to: Customer Number or Bar Code Label 24265 → Correspondence address below

Name	PALAIYUR S. KALYANARAMAN Reg. No. 34634		
Address			
Address			
City	State	ZIP	
Country	Telephone	(908) 298-5068	Fax (908) 298-5388

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: A petition has been filed for this unsigned inventor

Given Name (first and middle if any)	Family Name or Surname
ANIL K.	SAKSENA

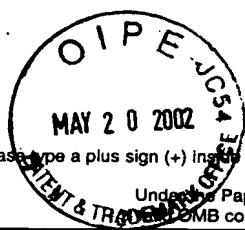
Inventor's Signature	Date						
Residence: City	UPPER MONTCLAIR	State	NJ	Country	USA	Citizenship	USA

Post Office Address: 53 BEVERLY ROAD

Post Office Address:

City	UPPER MONTCLAIR	State	NJ	ZIP	07043	Country	USA
------	-----------------	-------	----	-----	-------	---------	-----

Additional inventors are being named on the 8 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto



**COPY OF PAPERS
ORIGINALLY FILED**

Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a
OMB control number.

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
VIYYOOR MOOPIL		GIRIJAVALLABHAN						
Inventor's Signature							Date	
Residence: City	PARSIPPANY	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	10 MAPLEWOOD DRIVE							
Post Office Address								
City	PARSIPPANY	State	NJ	ZIP	07054	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
RAYMOND G.		LOVEY						
Inventor's Signature							Date	
Residence: City	WEST CALDWELL	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	65 WOODSIDE AVENUE							
Post Office Address								
City	WEST CALDWELL	State	NJ	ZIP	07006	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
EDWIN		JAO						
Inventor's Signature							Date	
Residence: City	WARREN	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	20 CROSSWOOD WAY							
Post Office Address								
City	WARREN	State	NJ	ZIP	07059	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 2 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
FRANK		BENNETT						
Inventor's Signature							Date	
Residence: City	PISCATAWAY	State	NJ	Country	USA	Citizenship	SCOTLAND	
Post Office Address	419 DRACO ROAD							
Post Office Address								
City	PISCATAWAY	State	NJ	ZIP	08854	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
JINPING L.		MC CORMICK						
Inventor's Signature							Date	
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	5 PACE DRIVE							
Post Office Address								
City	EDISON	State	NJ	ZIP	08820	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
HAIYAN		WANG						
Inventor's Signature							Date	
Residence: City	CRANBURY	State	NJ	Country	USA	Citizenship	CHINA	
Post Office Address	5 CUBBERLY COURT							
Post Office Address								
City	CRANBURY	State	NJ	ZIP	08512	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ++
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.**DECLARATION****ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 10**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
RUSSELL E.		PIKE						
Inventor's Signature							Date	
Residence: City	STANHOPE	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	RD #1, 31 FLORENCE STREET							
Post Office Address								
City	STANHOPE	State	NJ	ZIP	07874	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
STEPHANE L.		BOGEN						
Inventor's Signature							Date	
Residence: City	SOMERSET	State	NJ	Country	USA	Citizenship	FRANCE	
Post Office Address	13 DAHLIA ROAD							
Post Office Address								
City	SOMERSET	State	NJ	ZIP	08873	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
TIN-YAU		CHAN						
Inventor's Signature							Date	
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	HONG KONG	
Post Office Address	26 BARLOW ROAD							
Post Office Address								
City	EDISON	State	NJ	ZIP	08817	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>4</u> of <u>10</u>			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
YI-TSUNG				LIU			
Inventor's Signature					Date		
Residence: City	MORRIS TOWNSHIP	State	NJ	Country	USA	Citizenship	U.S.A.
Post Office Address	34 ALEXANDRIA ROAD						
Post Office Address							
City	MORRIS TOWNSHIP	State	NJ	ZIP	07960	Country	USA
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname			
ZHAONING				ZHU			
Inventor's Signature					Date		
Residence: City	EAST WINDSOR	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address	34 STONEHEDGE DRIVE						
Post Office Address							
City	EAST WINDSOR	State	NJ	ZIP	08520	Country	USA
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname			
F. GEORGE				NJOROGE			
Inventor's Signature					Date		
Residence: City	WARREN	State	NJ	Country	USA	Citizenship	KENYA
Post Office Address	11 SOFTWOOD WAY						
Post Office Address							
City	WARREN	State	NJ	ZIP	07059	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Please type a plus sign (+) inside this box →

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 5 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
ASHOK		ARASAPPAN						
Inventor's Signature							Date	
Residence: City	BRIDGEWATER	State	NJ	Country	USA	Citizenship	INDIA	
Post Office Address	18LARSEN COURT							
Post Office Address								
City	BRIDGEWATER	State	NJ	ZIP	08807	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
TEJAL		PAREKH						
Inventor's Signature							Date	
Residence: City	MOUNTAIN VIEW	State	CA	Country	USA	Citizenship	INDIA	
Post Office Address	1885 EDNAMARY WAY, UNIT C							
Post Office Address								
City	MOUNTAIN VIEW	State	CA	ZIP	94040	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
ASHIT K.		GANGULY						
Inventor's Signature							Date	
Residence: City	UPPER MONTCLAIR	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	96 COOPER AVENUE							
Post Office Address								
City	UPPER MONTCLAIR	State	NJ	ZIP	07043	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 6 of 10**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
KEVIN X.		CHEN					
Inventor's Signature							Date
Residence: City	ISELIN	State	NJ	Country	USA	Citizenship	USA
Post Office Address	44 GILL LANE, APT. 1D						
Post Office Address							
City	ISELIN	State	NJ	ZIP	08830	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
SRIKANTH		VENKATRAMAN					
Inventor's Signature							Date
Residence: City	WOODBRIDGE	State	NJ	Country	USA	Citizenship	INDIA
Post Office Address	35 ROANOKE STREET						
Post Office Address							
City	WOODBRIDGE	State	NJ	ZIP	07095	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
HENRY A.		VACCARO					
Inventor's Signature							Date
Residence: City	SOUTH PLAINFIELD	State	NJ	Country	USA	Citizenship	USA
Post Office Address	123 SOMERSET AVENUE						
Post Office Address							
City	SOUTH PLAINFIELD	State	NJ	ZIP	07080	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.



DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 7 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
PATRICK A.		PINTO						
Inventor's Signature							Date	
Residence: City	MORRIS PLAINS	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	34 BATTLE RIDGE ROAD							
Post Office Address								
City	MORRIS PLAINS	State	NJ	ZIP	07950	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
BAMA		SANTHANAM						
Inventor's Signature							Date	
Residence: City	BRIDGEWATER	State	NJ	Country	USA	Citizenship	INDIA	
Post Office Address	10 SOMERSET AVENUE							
Post Office Address								
City	BRIDGEWATER	State	NJ	ZIP	08807	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
SCOTT JEFFREY		KEMP						
Inventor's Signature							Date	
Residence: City	SAN DIEGO	State	CA	Country	USA	Citizenship	USA	
Post Office Address	7873 AVENIDA NAVIDAD #263							
Post Office Address								
City	SAN DIEGO	State	CA	ZIP	92130	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box →

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>8</u> of <u>10</u>			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
ODILE ESTHER				LEVY			
Inventor's Signature					Date		
Residence: City	SAN DIEGO	State	CA	Country	USA	Citizenship	USA
Post Office Address	5304 RUETTE DE MER						
Post Office Address							
City	SAN DIEGO	State	NJ	ZIP	92130	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
MARGUERITA				LIM WILBY			
Inventor's Signature					Date	3/1/02	
Residence: City	LA JOLLA	State	CA	Country	USA	Citizenship	MALAYSIA
Post Office Address	6333 CASTENJON DRIVE						
Post Office Address							
City	SANTA FE	State	NM	ZIP	92037	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
SUSAN Y.				TAMURA			
Inventor's Signature					Date		
Residence: City	SAN DIEGO	State	CA	Country	USA	Citizenship	USA
Post Office Address	9166 BEDEL COURT						
Post Office Address							
City	SAN DIEGO	State	CA	ZIP	92129	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>9</u> of <u>10</u>				
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
WANLI				WU				
Inventor's Signature					Date			
Residence: City	EDISON	State	NJ	Country	USA	Citizenship		CHINA
Post Office Address	30 SHEPPARD PLACE							
Post Office Address								
City	EDISON	State	NJ	ZIP	08817	Country	USA	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
SISKA				HENDRATA				
Inventor's Signature					Date			
Residence: City	EDISON	State	NJ	Country	USA	Citizenship		CHINA
Post Office Address	25 CINDER ROAD, APT. 2F							
Post Office Address								
City	EDISON	State	NJ	ZIP	08820	Country	USA	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
YUHUA				HUANG				
Inventor's Signature					Date			
Residence: City	SCOTCH PLAINS	State	NJ	Country	USA	Citizenship		CHINA
Post Office Address	61 SPRUCE MILL LANE							
Post Office Address								
City	SCOTCH PLAINS	State	NJ	ZIP	07076	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

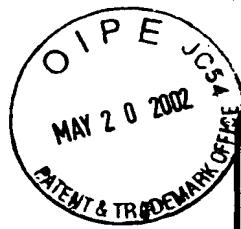
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 10 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
JESSE K.		WONG					
Inventor's Signature		Date					
Residence: City	MONROE TOWNSHIP	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Mailing Address 2 HAMPSHIRE PLACE							
Mailing Address							
City	MONROE TOWNSHIP	State	NJ	ZIP	08831	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
LATHA G.		NAIR					
Inventor's Signature		Date					
Residence: City	SCOTCH PLAINS	State	NJ	Country	U.S.A.	Citizenship	INDIA
Mailing Address 225 COUNTRYCLUB LANE							
Mailing Address							
City	SCOTCH PLAINS	State	NJ	ZIP	07076	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature		Date					
Residence: City		State		Country		Citizenship	
Mailing Address							
Mailing Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box →

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	IN01159K1
First Named Inventor	SAKSENA, et al
COMPLETE IF KNOWN	
Application Number	/
Filing Date	January 18, 2002
Group Art Unit	To Be Assigned
Examiner Name	To Be Assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NOVEL PEPTIDES AS NS3-SERINE PROTEASE INHIBITORS OF HEPATITIS C VIRUS

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/220,108	7/21/00	<input type="checkbox"/>

[Page 1 of 2]

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

Typed or printed name:

Signature:

Date:

Express Mail Label No.

Date:

Please type a plus sign (+) inside this box → **DECLARATION — Utility or Design Patent Application**

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
09/908,955	7/19/01	

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number → Registered practitioner(s) name/registration number listed below

Place Customer Number Bar Code Label here

Name	Registration Number	Name	Registration Number

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: Customer Number or Bar Code Label OR Correspondence address below

Name	PALAIYUR S. KALYANARAMAN Reg. No. 34634			
Address				
Address				
City	State		ZIP	
Country	Telephone	(908) 298-5068	Fax	(908) 298-5388

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: A petition has been filed for this unsigned inventor

Given Name (first and middle if any)	Family Name or Surname
--------------------------------------	------------------------

ANIL K.	SAKSENA
---------	---------

Inventor's Signature	Date
----------------------	------

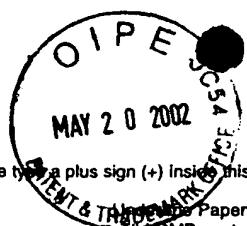
Residence: City	UPPER MONTCLAIR	State	NJ	Country	USA	Citizenship	USA
-----------------	-----------------	-------	----	---------	-----	-------------	-----

Post Office Address	53 BEVERLY ROAD						
---------------------	-----------------	--	--	--	--	--	--

Post Office Address							
---------------------	--	--	--	--	--	--	--

City	UPPER MONTCLAIR	State	NJ	ZIP	07043	Country	USA
------	-----------------	-------	----	-----	-------	---------	-----

Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto



**COPY OF PAPERS
ORIGINALLY FILED**

PTO/SB/02A (3-97)

Please type a plus sign (+) inside this box → +

Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

**ADDITIONAL INVENTOR(S)
Supplemental Sheet**
Page 10 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
VIYYOOR MOOPIL		GIRIJAVALLABHAN						
Inventor's Signature							Date	
Residence: City	PARSIPPANY	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	10 MAPLEWOOD DRIVE							
Post Office Address								
City	PARSIPPANY	State	NJ	ZIP	07054	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
RAYMOND G.		LOVEY						
Inventor's Signature							Date	
Residence: City	WEST CALDWELL	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	65 WOODSIDE AVENUE							
Post Office Address								
City	WEST CALDWELL	State	NJ	ZIP	07006	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
EDWIN		JAO						
Inventor's Signature							Date	
Residence: City	WARREN	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	20 CROSSWOOD WAY							
Post Office Address								
City	WARREN	State	NJ	ZIP	07059	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 10**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
FRANK		BENNETT						
Inventor's Signature							Date	
Residence: City	PISCATAWAY	State	NJ	Country	USA	Citizenship	SCOTLAND	
Post Office Address	419 DRACO ROAD							
Post Office Address								
City	PISCATAWAY	State	NJ	ZIP	08854	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
JINPING L.		MC CORMICK						
Inventor's Signature							Date	
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	5 PACE DRIVE							
Post Office Address								
City	EDISON	State	NJ	ZIP	08820	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
HAIYAN		WANG						
Inventor's Signature							Date	
Residence: City	CRANBURY	State	NJ	Country	USA	Citizenship	CHINA	
Post Office Address	5 CUBBERLY COURT							
Post Office Address								
City	CRANBURY	State	NJ	ZIP	08512	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
RUSSELL E.				PIKE				
Inventor's Signature							Date	
Residence: City	STANHOPE	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	RD #1, 31 FLORENCE STREET							
Post Office Address								
City	STANHOPE	State	NJ	ZIP	07874	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
STEPHANE L.				BOGEN				
Inventor's Signature							Date	
Residence: City	SOMERSET	State	NJ	Country	USA	Citizenship	FRANCE	
Post Office Address	13 DAHLIA ROAD							
Post Office Address								
City	SOMERSET	State	NJ	ZIP	08873	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
TIN-YAU				CHAN				
Inventor's Signature							Date	
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	HONG KONG	
Post Office Address	26 BARLOW ROAD							
Post Office Address								
City	EDISON	State	NJ	ZIP	08817	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>4</u> of <u>10</u>			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
YI-TSUNG				LIU			
Inventor's Signature					Date		
Residence: City	MORRIS TOWNSHIP	State	NJ	Country	USA	Citizenship	U.S.A.
Post Office Address	34 ALEXANDRIA ROAD						
Post Office Address							
City	MORRIS TOWNSHIP	State	NJ	ZIP	07960	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
ZHAONING				ZHU			
Inventor's Signature					Date		
Residence: City	EAST WINDSOR	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address	34 STONEHEDGE DRIVE						
Post Office Address							
City	EAST WINDSOR	State	NJ	ZIP	08520	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
F. GEORGE				NJOROGE			
Inventor's Signature					Date		
Residence: City	WARREN	State	NJ	Country	USA	Citizenship	KENYA
Post Office Address	11 SOFTWOOD WAY						
Post Office Address							
City	WARREN	State	NJ	ZIP	07059	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 5 of 10

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Family Name or Surname

ASHOK ARASAPPAN

Inventor's Signature Date

Residence: City BRIDGEWATER State NJ Country USA Citizenship INDIA

Post Office Address 18LARSEN COURT

Post Office Address

City BRIDGEWATER State NJ ZIP 08807 Country USA

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Family Name or Surname

TEJAL PAREKH

Inventor's Signature Date

Residence: City MOUNTAIN VIEW State CA Country USA Citizenship INDIA

Post Office Address 1885 EDNAMARY WAY, UNIT C

Post Office Address

City MOUNTAIN VIEW State CA ZIP 94040 Country USA

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Family Name or Surname

ASHIT K. GANGULY

Inventor's Signature Date

Residence: City UPPER MONTCLAIR State NJ Country USA Citizenship USA

Post Office Address 96 COOPER AVENUE

Post Office Address

City UPPER MONTCLAIR State NJ ZIP 07043 Country USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.**DECLARATION****ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 6 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
KEVIN X.		CHEN					
Inventor's Signature							Date
Residence: City	ISELIN	State	NJ	Country	USA	Citizenship	USA
Post Office Address	44 GILL LANE, APT. 1D						
Post Office Address							
City	ISELIN	State	NJ	ZIP	08830	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
SRIKANTH		VENKATRAMAN					
Inventor's Signature							Date
Residence: City	WOODBRIDGE	State	NJ	Country	USA	Citizenship	INDIA
Post Office Address	35 ROANOKE STREET						
Post Office Address							
City	WOODBRIDGE	State	NJ	ZIP	07095	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
HENRY A.		VACCARO					
Inventor's Signature							Date
Residence: City	SOUTH PLAINFIELD	State	NJ	Country	USA	Citizenship	USA
Post Office Address	123 SOMERSET AVENUE						
Post Office Address							
City	SOUTH PLAINFIELD	State	NJ	ZIP	07080	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → **DECLARATION****ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 7 of 10**

Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
---	---	--	--	--	--	--	--

Given Name (first and middle [if any])

Family Name or Surname

PATRICK A.

PINTO

Inventor's Signature

Date

Residence: City

MORRIS PLAINS

State

NJ

Country

USA

Citizenship

USA

Post Office Address

34 BATTLE RIDGE ROAD

Post Office Address

City

MORRIS PLAINS

State

NJ

ZIP

07950

Country

USA

Name of Additional Joint Inventor, if any:

 A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

BAMA

SANTHANAM

Inventor's Signature

Date

Residence: City

BRIDGEWATER

State

NJ

Country

USA

Citizenship

INDIA

Post Office Address

10 SOMERSET AVENUE

Post Office Address

City

BRIDGEWATER

State

NJ

ZIP

08807

Country

USA

Name of Additional Joint Inventor, if any:

 A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

SCOTT JEFFREY

KEMP

Inventor's Signature

Date

Residence: City

SAN DIEGO

State

CA

Country

USA

Citizenship

USA

Post Office Address

7873 AVENIDA NAVIDAD #263

Post Office Address

City

SAN DIEGO

State

CA

ZIP

92130

Country

USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +**DECLARATION****ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 8 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
ODILE ESTHER		LEVY					
Inventor's Signature							Date
Residence: City	SAN DIEGO	State	CA	Country	USA	Citizenship	USA
Post Office Address	5304 RUETTE DE MER						
Post Office Address							
City	SAN DIEGO	State	NJ	ZIP	92130	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
MARGUERITA		LIM-WILBY					
Inventor's Signature							Date
Residence: City	LA JOLLA	State	CA	Country	USA	Citizenship	MALAYSIA
Post Office Address	6333 CASTENJON DRIVE						
Post Office Address							
City	SANTA FE	State	NM	ZIP	92037	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
SUSAN Y.		TAMURA					
Inventor's Signature							Date
Residence: City	SAN DIEGO	State	CA	Country	USA	Citizenship	USA
Post Office Address	9166 BEDEL COURT						
Post Office Address							
City	SAN DIEGO	State	CA	ZIP	92129	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 9 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
WANLI		WU					
Inventor's Signature						Date	
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address	30 SHEPPARD PLACE						
Post Office Address							
City	EDISON	State	NJ	ZIP	08817	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
SISKA		HENDRATA					
Inventor's Signature						Date	
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address	25 CINDER ROAD, APT. 2F						
Post Office Address							
City	EDISON	State	NJ	ZIP	08820	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
YUHUA		HUANG					
Inventor's Signature						Date	
Residence: City	SCOTCH PLAINS	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address	61 SPRUCE MILL LANE						
Post Office Address							
City	SCOTCH PLAINS	State	NJ	ZIP	07076	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

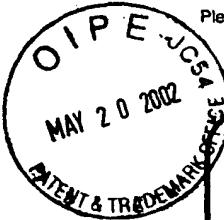
DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 10 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
JESSE K.		WONG	
Inventor's Signature		Date	
Residence: City	MONROE TOWNSHIP	State	NJ
Country	U.S.A.	Citizenship	U.S.A.
Mailing Address 2 HAMPSHIRE PLACE			
Mailing Address			
City	MONROE TOWNSHIP	State	NJ
ZIP	08831	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
LATHA G.		NAIR	
Inventor's Signature		Date	
Residence: City	SCOTCH PLAINS	State	NJ
Country	U.S.A.	Citizenship	INDIA
Mailing Address 225 COUNTRYCLUB LANE			
Mailing Address			
City	SCOTCH PLAINS	State	NJ
ZIP	07076	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
Country		Citizenship	
Mailing Address			
Mailing Address			
City		State	
ZIP		Country	

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box →

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration Submitted with Initial Filing Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	IN01159K1
First Named Inventor	SAKSENA, et al
COMPLETE IF KNOWN	
Application Number	/
Filing Date	January 18, 2002
Group Art Unit	To Be Assigned
Examiner Name	to Be Assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NOVEL PEPTIDES AS NS3-SERINE PROTEASE INHIBITORS OF HEPATITIS C VIRUS

the specification of which

(Title of the Invention)

Is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/220,108	7/21/00	<input type="checkbox"/>

[Page 1 of 2]

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

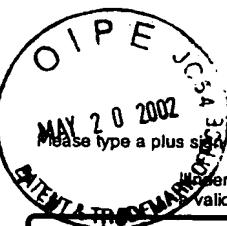
Typed or printed name

Signature

Date

Express Mail Label No.

Date



Please type a plus sign (+) inside this box →

**COPY OF PAPERS
ORIGINALLY FILED**

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
09/908,955	7/19/01	

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number 24265 → Place Customer Number Bar Code Label here
 Registered practitioner(s) name/registration number listed below

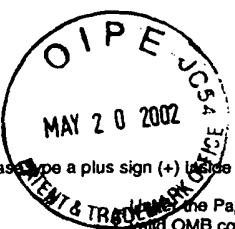
Name	Registration Number	Name	Registration Number

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.
Direct all correspondence to: Customer Number or Bar Code Label 24265 OR Correspondence address below

Name	PALAIYUR S. KALYANARAMAN Reg. No. 34634			
Address				
Address				
City		State	ZIP	
Country	Telephone	(908) 298-5068	Fax	(908) 298-5388

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle if any)		Family Name or Surname					
ANIL K.		SAKSENA					
Inventor's Signature				Date			
Residence: City	UPPER MONTCLAIR	State	NJ	Country	USA	Citizenship	USA
Post Office Address	53 BEVERLY ROAD						
Post Office Address							
City	UPPER MONTCLAIR	State	NJ	ZIP	07043	Country	USA
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>8</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto							



**COPY OF PAPERS
ORIGINALLY FILED**

PTO/SB/02A (3-97)

Please type a plus sign (+) inside this box → +

Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>1</u> of <u>10</u>			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
VIYYOOR MOOPIL				GIRIJAVALLABHAN			
Inventor's Signature							Date
Residence: City	PARSIPPANY	State	NJ	Country	USA	Citizenship	USA
Post Office Address	10 MAPLEWOOD DRIVE						
Post Office Address							
City	PARSIPPANY	State	NJ	ZIP	07054	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
RAYMOND G.				LOVEY			
Inventor's Signature							Date
Residence: City	WEST CALDWELL	State	NJ	Country	USA	Citizenship	USA
Post Office Address	65 WOODSIDE AVENUE						
Post Office Address							
City	WEST CALDWELL	State	NJ	ZIP	07006	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
EDWIN				JAO			
Inventor's Signature							Date
Residence: City	WARREN	State	NJ	Country	USA	Citizenship	USA
Post Office Address	20 CROSSWOOD WAY						
Post Office Address							
City	WARREN	State	NJ	ZIP	07059	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.**DECLARATION****ADDITIONAL INVENTOR(S)
Supplemental Sheet**
Page 2 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
FRANK		BENNETT					
Inventor's Signature							Date
Residence: City	PISCATAWAY	State	NJ	Country	USA	Citizenship	SCOTLAND
Post Office Address	419 DRACO ROAD						
Post Office Address							
City	PISCATAWAY	State	NJ	ZIP	08854	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
JINPING L.		MC CORMICK					
Inventor's Signature							Date
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	USA
Post Office Address	5 PACE DRIVE						
Post Office Address							
City	EDISON	State	NJ	ZIP	08820	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
HAIYAN		WANG					
Inventor's Signature							Date
Residence: City	CRANBURY	State	NJ	Country	USA	Citizenship	CHINA
Post Office Address	5 CUBBERLY COURT						
Post Office Address							
City	CRANBURY	State	NJ	ZIP	08512	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.**DECLARATION****ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 10**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
RUSSELL E.		PIKE					
Inventor's Signature							Date
Residence: City	STANHOPE	State	NJ	Country	USA	Citizenship	USA
Post Office Address	RD #1, 31 FLORENCE STREET						
Post Office Address							
City	STANHOPE	State	NJ	ZIP	07874	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
STEPHANE L.		BOGEN					
Inventor's Signature							Date
Residence: City	SOMERSET	State	NJ	Country	USA	Citizenship	FRANCE
Post Office Address	13 DAHLIA ROAD						
Post Office Address							
City	SOMERSET	State	NJ	ZIP	08873	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
TIN-YAU		CHAN					
Inventor's Signature							Date
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	HONG KONG
Post Office Address	26 BARLOW ROAD						
Post Office Address							
City	EDISON	State	NJ	ZIP	08817	Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.**DECLARATION****ADDITIONAL INVENTOR(S)
Supplemental Sheet**
Page 4 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
YI-TSUNG		LIU						
Inventor's Signature							Date	
Residence: City	MORRIS TOWNSHIP	State	NJ	Country	USA	Citizenship	U.S.A.	
Post Office Address	34 ALEXANDRIA ROAD							
Post Office Address								
City	MORRIS TOWNSHIP	State	NJ	ZIP	07960	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
ZHAONING		ZHU						
Inventor's Signature							Date	
Residence: City	EAST WINDSOR	State	NJ	Country	USA	Citizenship	CHINA	
Post Office Address	34 STONEHEDGE DRIVE							
Post Office Address								
City	EAST WINDSOR	State	NJ	ZIP	08520	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
F. GEORGE		NJOROGE						
Inventor's Signature							Date	
Residence: City	WARREN	State	NJ	Country	USA	Citizenship	KENYA	
Post Office Address	11 SOFTWOOD WAY							
Post Office Address								
City	WARREN	State	NJ	ZIP	07059	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 5 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
ASHOK		ARASAPPAN						
Inventor's Signature							Date	
Residence: City	BRIDGEWATER	State	NJ	Country	USA	Citizenship	INDIA	
Post Office Address	18LARSEN COURT							
Post Office Address								
City	BRIDGEWATER	State	NJ	ZIP	08807	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
TEJAL		PAREKH						
Inventor's Signature	<i>Sparend</i>						Date	11/31/02
Residence: City	MOUNTAIN VIEW	State	CA	Country	USA	Citizenship	INDIA	
Post Office Address	1885 EDNAMARY WAY, UNIT C							
Post Office Address								
City	MOUNTAIN VIEW	State	CA	ZIP	94040	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
ASHIT K.		GANGULY						
Inventor's Signature							Date	
Residence: City	UPPER MONTCLAIR	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	96 COOPER AVENUE							
Post Office Address								
City	UPPER MONTCLAIR	State	NJ	ZIP	07043	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

+

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet**Page 6 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
KEVIN X.		CHEN						
Inventor's Signature							Date	
Residence: City	ISELIN	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	44 GILL LANE, APT. 1D							
Post Office Address								
City	ISELIN	State	NJ	ZIP	08830	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
SRIKANTH		VENKATRAMAN						
Inventor's Signature							Date	
Residence: City	WOODBRIDGE	State	NJ	Country	USA	Citizenship	INDIA	
Post Office Address	35 ROANOKE STREET							
Post Office Address								
City	WOODBRIDGE	State	NJ	ZIP	07095	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
HENRY A.		VACCARO						
Inventor's Signature							Date	
Residence: City	SOUTH PLAINFIELD	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	123 SOMERSET AVENUE							
Post Office Address								
City	SOUTH PLAINFIELD	State	NJ	ZIP	07080	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

+

Please type a plus sign (+) inside this box → +
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.**DECLARATION****ADDITIONAL INVENTOR(S)
Supplemental Sheet**
Page 7 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
PATRICK A.		PINTO						
Inventor's Signature							Date	
Residence: City	MORRIS PLAINS	State	NJ	Country	USA	Citizenship	USA	
Post Office Address	34 BATTLE RIDGE ROAD							
Post Office Address								
City	MORRIS PLAINS	State	NJ	ZIP	07950	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
BAMA		SANTHANAM						
Inventor's Signature							Date	
Residence: City	BRIDGEWATER	State	NJ	Country	USA	Citizenship	INDIA	
Post Office Address	10 SOMERSET AVENUE							
Post Office Address								
City	BRIDGEWATER	State	NJ	ZIP	08807	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
SCOTT JEFFREY		KEMP						
Inventor's Signature							Date	
Residence: City	SAN DIEGO	State	CA	Country	USA	Citizenship	USA	
Post Office Address	7873 AVENIDA NAVIDAD #263							
Post Office Address								
City	SAN DIEGO	State	CA	ZIP	92130	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>8</u> of <u>10</u>
--------------------	--

DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental SheetPage 8 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])			Family Name or Surname					
ODILE ESTHER		LEVY						
Inventor's Signature							Date	
Residence: City	SAN DIEGO	State	CA	Country	USA		Citizenship	USA
Post Office Address	5304 RUETTE DE MER							
Post Office Address								
City	SAN DIEGO	State	NJ	ZIP	92130		Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])			Family Name or Surname					
MARGUERITA		LIM-WILBY						
Inventor's Signature							Date	
Residence: City	LA JOLLA	State	CA	Country	USA		Citizenship	MALAYSIA
Post Office Address	6333 CASTENJON DRIVE							
Post Office Address								
City	SANTA FE	State	NM	ZIP	92037		Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])			Family Name or Surname					
SUSAN Y.		TAMURA						
Inventor's Signature							Date	
Residence: City	SAN DIEGO	State	CA	Country	USA		Citizenship	USA
Post Office Address	9166 BEDEL COURT							
Post Office Address								
City	SAN DIEGO	State	CA	ZIP	92129		Country	USA

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Please type a plus sign (+) inside this box →

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 9 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
WANLI		WU						
Inventor's Signature							Date	
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	CHINA	
Post Office Address	30 SHEPPARD PLACE							
Post Office Address								
City	EDISON	State	NJ	ZIP	08817	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
SISKA		HENDRATA						
Inventor's Signature							Date	
Residence: City	EDISON	State	NJ	Country	USA	Citizenship	CHINA	
Post Office Address	25 CINDER ROAD, APT. 2F							
Post Office Address								
City	EDISON	State	NJ	ZIP	08820	Country	USA	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
YUHUA		HUANG						
Inventor's Signature							Date	
Residence: City	SCOTCH PLAINS	State	NJ	Country	USA	Citizenship	CHINA	
Post Office Address	61 SPRUCE MILL LANE							
Post Office Address								
City	SCOTCH PLAINS	State	NJ	ZIP	07076	Country	USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 10 of 10

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
JESSE K.		WONG					
Inventor's Signature		Date					
Residence: City	MONROE TOWNSHIP	State	NJ	Country	U.S.A.	Citizenship	U.S.A.
Mailing Address 2 HAMPSHIRE PLACE							
Mailing Address							
City	MONROE TOWNSHIP	State	NJ	ZIP	08831	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
LATHA G.		NAIR					
Inventor's Signature		Date					
Residence: City	SCOTCH PLAINS	State	NJ	Country	U.S.A.	Citizenship	INDIA
Mailing Address 225 COUNTRYCLUB LANE							
Mailing Address							
City	SCOTCH PLAINS	State	NJ	ZIP	07076	Country	U.S.A.
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature		Date					
Residence: City		State		Country		Citizenship	
Mailing Address							
Mailing Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.